
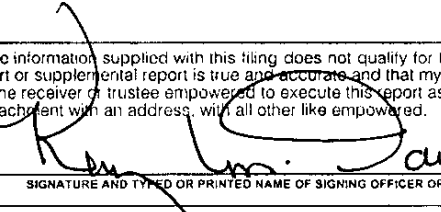


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90071 031 \*\*\*158.75

<b>DOCUMENT # P99000032417</b> 1. Entity Name <b>REALTY EXCHANGE NETWORK, INC.</b>					
Principal Place of Business 3601 W COMMERCIAL BLVD. # 36 FORT LAUDERDALE, FL 33309			Mailing Address 3601 W COMMERCIAL BLVD. # 36 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # <b>1773 N. State Road 7</b>		3. Mailing Address <b>1773 N. State Road 7</b>			
Suite, Apt. #, etc. <b>Second Floor</b>		Suite, Apt. #, etc. <b>Second Floor</b>			
City & State <b>Lauderhill, FL</b>		City & State <b>Lauderhill, FL</b>			
Zip <b>33313</b>		Country <b>USA</b>		Zip <b>33313</b>	
Country <b>USA</b>		4. FEI Number <b>65-0910366</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, KENNY M</b> <b>3601 W. COMMERCIAL BLVD., SUITE 35</b> <b>FT. LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DAVIS, KENNY M 3601 W. COMMERCIAL BLVD., SUITE 35 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1773 N. State Road 7, 2nd Floor</b> <b>Lauderhill, FL 33313</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVIS, MICHELLE B 3601 W. COMMERCIAL BLVD., SUITE 35 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1773 N. State Road 7, 2nd Floor</b> <b>Lauderhill, FL 33313</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: <b>04/30/07</b> Daytime Phone #: <b>954-739-9099</b>		