2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042534

Name:

Address:

City-St-Zip:

SHEFMAN, DAVID

218 N BAY HILLS BLVD

SAFETY HARBOR, FL 34695

Entity Name: REAL ESTATE EXCHANGE SERVICES, INC.

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
212 N BAY SAFETY HA						
Current Mailing Address:			New Maili	New Mailing Address:		
212 N BAY SAFETY H						
FEI Number:	59-3574703	FEI Number Applied For ()	FEI Number Not Appl	Dicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				d Address of New Registered Agent:		
SHEFMAN-NAPOLITANO, MARGA 212 N BAY HILLS BLVD SAFETY HARBOR, FL 34695 US			212 N BAY	SHEFMAN, MARGA 212 N BAY HILLS BLVD SAFETY HARBOR, FL 34695 US		
The above in the State		ty submits this statement for the p	urpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	E: MARG	A SHEFMAN		03/10/2005		
	Electr	onic Signature of Registered Age	ent	Date		
Election Cam	ıpaign Finand	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	:	
Title: Name: Address: City-St-Zip:	SHEFMAN-N 212 N BAY H SAFETY HAI	RBOR, FL 34695	Title: Name: Address: City-St-Zip:			
Title:	V	() Delete	Title:	() Change () Addition		

Name:

Address:

City-St-Zip:

Title: T (X) Delete Title: () Change () Addition Name: SHEFMAN, PAULINE K Name:

 Name:
 SHEFMAN, PAULINE K
 Name:

 Address:
 218 N BAY HILLS BLVD
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGA SHEFMAN P 03/10/2005