

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082110

FILED
Jan 23, 2005
Secretary of State

Entity Name: REAL ESTATE INFO WORLD, CORPORATION

Current Principal Place of Business:

934 UNIVERSITY DRIVE PMB 201
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

% WILLIAM GRAU
526 N. RIVERSIDE DR.
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 65-0948577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, STEVEN W
934 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWMAN, JOSEPH
Address: 934 UNIVERSITY DRIVE PMB 201
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: GRAU, WILLIAM
Address: 526 N RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: WILLIAM GRAU

D

01/23/2005

Electronic Signature of Signing Officer or Director

_____ Date