2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105255

City-St-Zip:

HILEAH, FL 33015

Entity Name: REALISTIC SOLUTIONS INC.

FILED Aug 09, 2005 Secretary of State

Littly Name: REALISTIC SOLUTIONS INC.						
Current Principal Place of Business:				New Principal Place of Business:		
3389 SHERIDAN ST.				614 E HGWY 50		
#167 HOLLYWOOD, FL 33021				#232 CLERMONT, FL 34711		
Current Mailing Address:				New Mailing Address:		
3389 SHERIDAN ST.				614 E HGWY 50		
#167 HOLLYWOOD, FL 33021				#232 CLERMONT, FL 34711		
			FEI Numb	per Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BOISROND, MERANA 13500 N.E. 3RD COURT #204 NORTH MIAMI, FL 33161 US				BOISROND, MERANA 13500 NE 3RD COURT #204 MIAMI, FL 33161 US		
The above in the State		submits this statement for the p	urpose of	changing its registered	office or registered agent, or both,	
SIGNATURE: MERANA BOISROND				08/09/2005		
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive the	e prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BOISROND, ME 13500 N.E. 3RI NORTH MIAMI,) CT. #204	۸ <u>م</u>	Fitle: (Name: Address: Dity-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V () KOCH, FREDEI 2401 VAN BUR HOLLYWOOD,	EN ST #4	N A	Fitle: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	S () BRUNY, ANNE- 19160 NW 65 0		١	Fitle: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: MERANA BOISROND P 08/09/2005