


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002209


1. Entity Name
RTE, SR., LTD. INC



Principal Place of Business
**3346 ST LUCIA COURT
 TAVARES, FL 32778**

Mailing Address
**3346 ST LUCIA COURT
 TAVARES, FL 32778**

DO NOT WRITE IN THIS SPACE



08162006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-1240554

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EARLL CML, RT
 3346 ST LUCIA COURT
 TAVARES, FL 32778**

DO NOT WRITE IN THIS SPACE

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: _____ DATE: **08/18/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

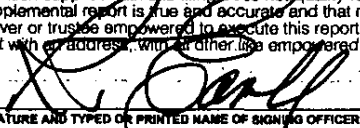
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTS EARLL CML, RT 3346 ST LUCIA COURT TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP EARLL, JOAN P 3346 ST LUCIA COURT TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWELL, ROBIN A 2 CLARK STREET CHARLOTTESVILLE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 or other line empowered.

SIGNATURE:  DATE: **16 Aug 06** 352 396 9619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #