2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 25, 2006 08:00 AM Secretary of State DOCUMENT # P02000131218 1. Entity Name R & G UK ENTERPRISES, INC. Mailing Address Principal Pface of Business 608-1 DANLEY DR FT MYERS FL 33907 608-1 DANLEY DR FT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 30-0139643 Not Applicable Country \$8.75 Additional Zia Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name TARRANT, RACHEL H Street Address (P.O. Box Number is Not Acceptable) 608-1 DANLEY DR FT MYERS FL 33907 Zip Code City 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 INOTE. Remistered Agent skinature required when reinstating? DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change | Addi... TITLE ☐ Delete TITLE NAME TRUST, GREGORY P NAME STREET AGGRESS STREET ADDRESS 608-1 DANLEY DR CITY-ST-ZIP CUTY-ST-ZIP FT MYERS FL 33907 Change ☐ Addiii TITLE ☐ Delete TITLE NAME NAME TARRANT, RACHEL H U00000566044 25/06-80002-011 550.00 STREET ADDRESS 608-1 DANLEY DR STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP FT MYERS FL 33907 □ Add™ ☐ Change ☐ Detate ITTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change The state of ☐ Delete TITLE TITLE NAME NAME STRECT ADDRESS STREET ADDRESS C17Y-ST-289 CITY-ST-ZIP ☐ Change Delete πηιε TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7# ☐ Change □ Add Delete TITLE TITLE NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: ICCLORUS PACHEL TARRANT SZOOD ZZGICIOS TIT