FILED
Jul 14, 2006 8:00 am
Secretary of State
05-04-2006 90209 049 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000138697

1. Entity Name
R&M BRIGHT STONE, INC

66021807

Principal Place of Business	Mailing Address
233 SIKES COURT ORLANDO, FL 32809	233 SIKES COURT ORLANDO, FL 32809

2. Principal Place of Business		3. Mailing Address	
233 Sikes Ct		233 Sikes ct	
Suite, Apt. #, etc. orlando		Suite, Apt. #, etc. orlando FL	
City & State FL		City & State FL	
Zip 32809	Country USA	Zip 32809	Country USA

01182006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3613325 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDES, RAPHAEL 233 SIKES COURT ORLANDO, FL 32809	Name mendes, Raphael Street Address (P.O. Box Number is Not Acceptable) 233 Sikes ct City orlando FL Zip Code 32809

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 X Raphael mendes   04-28-06
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MENDES, RAPHAEL 233 SIKES COURT ORLANDO, FL 32809	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MENDES ELINHA 233 SIKES COURT ORLANDO FL 32809	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MENDES, MATHEUS 233 SIKES COURT ORLANDO, FL 32809	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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 all other like empowered.

SIGNATURE: X Raphael mendes   04-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #