

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154175

Entity Name: RHYMIN SIMON PRESS, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

10185 STONEHENGE CIR
1315
BOYNTON BEACH, FL 33437

New Principal Place of Business:

6273 BEACONWOOD ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

10185 STONEHENGE CIR
1315
BOYNTON BEACH, FL 33437

New Mailing Address:

6273 BEACONWOOD ROAD
LAKE WORTH, FL 33467

FEI Number: 20-3825072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SIMON, NEIL C
6273 BEACONWOOD ROAD
LAKE WORTH, FL 33467 US

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: NEIL C SIMON

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCNEIL-SIMON, STEPHANIE
Address: 10185 STONEHENGE CIR - # 1315
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: SIMON, NEIL
Address: 10185 STONEHENGE CIR - # 1315
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCNEIL-SIMON, STEPHANIE
Address: 6273 BEACONWOOD ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Change () Addition
Name: SIMON, NEIL
Address: 6273 BEACONWOOD ROAD
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NEIL C SIMON

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date