2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90208 034 ***150.00

DOCUMENT # P05000154975

1. Entity Name
R & R BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
385 E. SAILFISH DR.	385 E. SAILFISH DR.
ATLANTIC BCH, FL 32233	ATLANTIC BCH, FL 32233

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
385 E. Sailfish Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 385 E Sailfish Dr
City & State Atlantic Bch Fl	City & State Atlantic BCH, Fl
Zip 32233 Country U.S	Zip 32233 Country U.S.

4. FEI Number 830456200 ☐ 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
WYCHE, RUBY	Name
385 E. SAILFISH DR.	Street Address (P.O. Box Number is Not Acceptable)
ATLANTIC BCH, FL 32233	City FL Zip Code

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 Ruby Wyche 4/27/06
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 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WYCHE, RUBY		NAME	
STREET ADDRESS	385 E. SAILFISH DR.		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH, FL 32233		CITY-ST-ZIP	
TITLE	VD	☑ Delete	TITLE	☐ Change ☐ Addition
NAME	WYCHE, RHONDA		NAME	
STREET ADDRESS	385 E. SAILFISH DR.		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH, FL 32233		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Ruby Wyche RUBY WYCHE 4/27/06 904-200-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #