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Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90213 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 496303

1. Entity Name
RIFE MARKET RESEARCH, INC.

Principal Place of Business	Mailing Address
1111 PARK CENTRE BLVD #111 MIAMI, FL 33169	1111 PARK CENTRE BLVD #111 MIAMI, FL 33169

400077777

04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1668861
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKROOT, JOHN C
1935 BRICKELL AVE
14TH FLOOR
MIAMI, FL 33131

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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 _____
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

TITLE	PD
NAME	RIFE, MARY
STREET ADDRESS	1012 STILLWATER DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	VP
NAME	PALMER PEDERSON, SANDRA
STREET ADDRESS	8219 NW 15 ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	C
NAME	SHERWIN, ELIZ
STREET ADDRESS	954 WAFFORD LANE
CITY-ST-ZIP	BETHLEHEM, PA 18017
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 all other like empowered.

SIGNATURE: X Mary Rife President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #