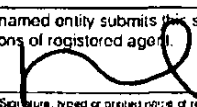
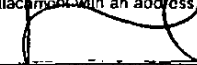


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90097 001 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                 |                                                                                                                                                                         |                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 571718</b><br>1. Entity Name<br><b>R.M. PACKARD &amp; ASSOC., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                 |                                                                                                                                                                         |                                                                             |  |
| Principal Place of Business<br><b>1013 ROCKLEDGE DRIVE<br/>ROCKLEDGE FL 32955<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                 | Mailing Address<br><b>1013 ROCKLEDGE DRIVE<br/>ROCKLEDGE FL 32955<br/>US</b>                                                                                            |                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | 3. Mailing Address              |                                                                                                                                                                         |                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | Suite, Apt. #, etc.             |                                                                                                                                                                         |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | City & State                    |                                                                                                                                                                         | 4. FEI Number <b>59-1826766</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                | Zip                             | Country                                                                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PACKARD, ROBERT M<br/>1013 ROCKLEDGE DRIVE<br/>ROCKLEDGE FL 32955</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                 | DATE <b>4/26/07</b>                                                                                                                                                     |                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                     |                                                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PTS<br>PACKARD, ROBERT M<br>1013 ROCKLEDGE DRIVE<br>ROCKLEDGE FL 32955 | <input type="checkbox"/> Delete |                                                                                                                                                                         |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>PACKARD, ROBERT M<br>1013 ROCKLEDGE DRIVE<br>ROCKLEDGE FL 32955   | <input type="checkbox"/> Delete |                                                                                                                                                                         |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                 |                                                                                                                                                                         |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                 |                                                                                                                                                                         |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                 |                                                                                                                                                                         |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                 |                                                                                                                                                                         |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                 |                                                                                                                                                                         |                                                                                                                                                              |  |
| 12. I hereby certify that the information supplied with this filing 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                 | DATE <b>5/29/07</b>                                                                                                                                                     |                                                                                                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                 | DAYTIME PHONE # <b>321-632-6335</b>                                                                                                                                     |                                                                                                                                                              |  |