

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 575120

Entity Name: RHR, INC.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

9340 56TH ST. N.
SUITE 222
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16189
TEMPLE TERRACE, FL 33687

New Mailing Address:

FEI Number: 59-1824227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, PAUL N PRES
322 SUNNYSIDE ROAD
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: RIMBEY, BRAD W.,
Address: 6119 E 112TH AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PCD () Delete
Name: HOWELL, PAUL N.,
Address: 322 SUNNYSIDE ROAD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VTD () Delete
Name: CLARK, JAMES N.,
Address: 11745 GAIL DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: RIMBEY, BRAD W SECY
Address: 6119 E 112TH AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PCD (X) Change () Addition
Name: HOWELL, PAUL N PRES
Address: 322 SUNNYSIDE ROAD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VTD (X) Change () Addition
Name: CLARK, JAMES N TRES
Address: 11745 GAIL DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL N HOWELL

PCD

01/10/2006

Electronic Signature of Signing Officer or Director

Date