

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736018

FILED
Jan 10, 2006
Secretary of State

Entity Name: RICHARD RONISISVALLE'S REALITY, INC.

Current Principal Place of Business:

180 CHURCH ROAD
MERRITT ISLAND, FL 32953

New Principal Place of Business:

180 CHURCH ROAD
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

P.O. BOX 711
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 59-1711331 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RONISISVALLE, RICHARD
180 CHURCH ROAD
MERRITT ISLAND, FL 32953 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RONISISVALLE, RICHARD,
Address: 180 CHURCH ROAD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: RONISISVALLE, CAROL,
Address: 180 CHURCH ROAD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: STD () Delete
Name: RONISISVALLE, CHRISTY M
Address: 180 CHURCH ROAD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: RONISISVALLE, RICHARD M
Address: 180 CHURCH RD
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD RONISISVALLE

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date