2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

1. Entity Nan	RIAL APPLE, INC.	,		Secretary of State
PO BOX 290	048	laiting Address PO BOX 29048 GLENDALE, CA 91209-9048		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04132005 No Chg-P CR2E034 (10/03) 4. FEI Number
CHADWICK, ANNA 2000 MONTANA AVE SAINT PETERSBURG, FL 33703			DO NOT WRITE IN THIS SPACE	
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 algorithm required when relinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRE	CTORS	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWROYD, BERNARD 327 W. BROADWAY GLENDALE, CA		And Andrew Community of the Community of	
NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOYAL, MICHAEL A 327 W. BROADWAY GLENDALE, CA			04/21/05-80037-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this rebort 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: SIGNATURE AND STPED OF FRINTED NAME OF SIGNING OFFICER OF DIRECTOR Dayline Phone #				