## 2006 FOR PROFIT CORPORATION

## ักง∙กก **A**M

ANNUAL REPORT				rep 13, 2000 00:00 Al		
1. Entity Name	MENT # F03000000406 RAGE SERVICES, INC.				Secre	tary of State
Principal Place of 1682 EAST GU ROCKVILLE, MI	IDE DRIVE, SUITE 201 1682	D Address E EAST GUDE DRIVE, SUITE (VILLE, MD 20850	E 201		: 10181 1111 ERNI ERNI 18	
De	O NOT WRITE IN		CE	02102006 4. FEI Numbe 73-164	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
MORAN, F. ANDREW 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, EL 32746		o Agem		**	NOT W THIS SF	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accelling the abligations of registered agent.  Signature. Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent agenture sequired when reinstating)  OATE  FILE NOWITE FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees						
	y 1, 2006 Fee Will be \$330.00	i da ogranosigit.		\$0.10.1.002		
AVAME STREET ADDRESS 1 CITY-ST-ZIP	OFFICERS AND DIRECTO PT MORAN, RICHARD P JR. 1682 EAST GUDE DRIVE, SUITE 201 ROCKVILLE, MD 20850 S;	is .			U00000 02/ <b>23/0</b> 6-	433061 80095-014 150.00
STREET ADDRESS 1 CITY-ST-ZIP F	JENETS, JAYNIE 1682 EAST GUDE DRIVE, SUITE 201 ROCKVILLE, MD 20850					
TITLE NAME STREET ADDRESS CITY-ST-IIP				DO	NOT W	/RITE
Title NAME STREET ADDRESS CITY-ST-ZPP				IN T	THIS SF	PACE
TITLE NAME SIRLEI ADDRESS CITY-ST-ZIP						
TITLE			1			

12. Thereby certify that the information supplied with this filling does not quality 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:

NAME STREET ADDRESS CHTY-ST-ZIP

STONATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR GIRECTOR

301-162-1330 Daytima Phone 6