2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 19, 2006 8:00 am Secretary of State

DOCUMENT # F0500000804 1. Entity Name RNOLOGY, INC.							06-19-200	6 90001 030 [,]	***150.00
Principal Place P.O. BOX 55 LIGHTHOUSE	68	s 33064-5568		Mailing Address P.O. BOX 5568 LIGHTHOUSE POINT, FL 33064-5568					
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06142006	Chg-P	CR2E034 (11	/05)
City & State			City & State		4. FEI Numb			Applied For Not Applicable	
Zip Country		Zip Cour		ntry	5. Certificate of Status Desired S8.75 Add Fee Require				
	6. Name	and Address of Currer	t Registered Agent	·	Name	7. Name and	Address of New R	egistered Agent	
HELLER, STEVEN C 123 NW 13TH STREET SUITE 21406 BOCA RATON, FL 33432					Street Address (P.O. Box Number is Not Acceptable)				
200/1101		10 m						FL Zip	Code
8. The above	named entit	y submits this statement	for the purpose of chan	ging its register	ed office or registe	ered agent, or bo	oth, in the State of Flo		
the obligat	tions of regist	ered agent.							
	Signature, typed	or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent signature require	d when reinstating)		DATE	
	_	FEE IS \$150.00 tember 6, 2006		Campaign Finar nd Contribution.		.00 May Be ded to Fees	In accordance w corporation did	vith s. 607,193(2 not receive the p)(b), F.S., the nior notice.
10.		OFFICERS AND		11.		ADDITIONS	I /CHANGES TO OFFI	CERS AND DIREC	TORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP					I			☐ Cha	ange 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PODOLSI 7921 WEL	(Y, SHERM LWYND WAY TON, FL 33496	Dele	te title Nami Stre	:			☐ Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1			☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delei	NAME STREE	1			☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delei	NAME STREE				☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delet	NAME STREE	l l			☐ Cha	nge 🔲 Addition
of the cor	poration or th	information supplied wit tor supplemental report is e receiver or trustee emp chment with an address,	s true and accurate and lowered to execute this	o tnat my signati report as requir	ure shall have the : ed by Chapter 607	same legal effec 7. Florida Statute	at as if made under ones: and that my name	ath; that I am an of	ficer or director
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING	OFFICER OR DIRECT	LEASUR OR	ed Heli	17/14/06 Date	56(-7/5- Daytime Pho	4200 me#