2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G66426

1. Entity Name

RM PROPERTIES, INCORPORATED



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

4088 CASTELL DRIVE ORLANDO, FL 32810

Mailing Address

4088 CASTELL DRIVE ORLANDO, FL 32810



02062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2365085

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SHELLEY, RAY 4088 CASTELL DRIVE ORLANDO, FL 32810

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ORLANDO, FL 32810			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 signature required when reinstailing) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, RAY 4088 CASTELL DRIVE ORLANDO, FL 32810				U00000634734	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MEINER, EDWARD S. 4088 CASTELL DR. ORLANDO, FL 32810			02/22/07-80024-010 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify 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: x

NAME STREET ADDRESS CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-17-07 x299-1385