2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 24, 2006 08:00 AM **DOCUMENT # G90488 Secretary of State** t. Entity Name RONCA BAIL BONDS, INC. Principal Place of Business Mailing Address 9719 SO. DIXIE HIGHWAY 9719 SO. DIXIE HIGHWAY SUITE 12 SUITE 12 MINMI, FL 33156 MIAMF, FL 33156 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2475032 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \square Fee Required 6. Name and Address of Current Registered Agent RONCA, PHILLIP A. DO NOT WRITE 12622 S.W. 107TH COURT MIAMI, FL 33176 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, typed or primed name of registered agent and time if applicable (NOTE: Recistored Agent signature required when teinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000525774 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RONCA, PHILLIP A. NAME STREET ADDRESS 12622 S.W. 107TH COURT MIAMI, FL 33176, COTY-ST-ZIP TITLE NAME STREET ACCRESS C2TY - ST - 21P NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 7172.5 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on ay attachment with an address, with all other like empowered.

Phillip A. Ronca, President 04/19/06 305/661-6667 OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Director.