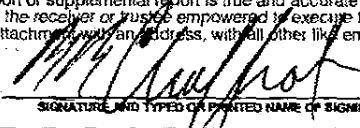


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 A
Secretary of State**

DOCUMENT # G93681 1. Entity Name R M V ASSOCIATES, INC.			
Principal Place of Business % ROBERT R. CHAFFIOT, SR. 1802 S. FISKE BLVD, SUITE 101 ROCKLEDGE, FL 32955		Mailing Address % ROBERT R. CHAFFIOT, SR. 1802 S. FISKE BLVD, SUITE 101 ROCKLEDGE, FL 32955	
DO NOT WRITE IN THIS SPACE			
		 01182007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2401783 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CHAFFIOT, ROBERT R. SR. 1802 S. FISKE BLVD SUITE 101 ROCKLEDGE, FL 32955		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 signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000603241 01/29/07-80005-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAFFIOT, VICTOR A. 1802 S FISKE BLVD STE 101 ROCKLEDGE, FL 32955		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIOT, MARK K 9 RIVER RIDGE DR. ROCKLEDGE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAFFIOT, ROBERT R. SR 1802 S FISKE BLVD., SUITE 101 ROCKLEDGE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-19-07 321-622-3444 Date Daytime Phone #	