


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90030 034 \*\*\*150.00


<b>DOCUMENT # G93714</b>	
1. Entity Name <b>R &amp; I ENTERPRISES, INC.</b>	

Principal Place of Business <b>1867 WINDSOR DR. NORTH PALM BCH, FL 33408 US</b>	Mailing Address <b>1867 WINDSOR DR. NORTH PALM BEACH, FL 33408 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1867 WINDSOR DR</b>	3. Mailing Address <b>336 GOLFVIEW RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>APT 1015</b>

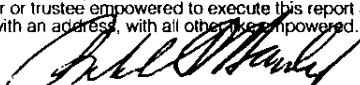
City & State <b>NPB</b>	City & State <b>NORTH PALM BEACH, FL</b>
Zip <b>33408</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>HANLEY, ROBERT S 1867 WINDSOR DR N PALM BEACH, FL 33408</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 	DATE <b>JAN 26 08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HANLEY, ROBERT S.</b>		NAME	
STREET ADDRESS <b>1867 WINDSOR DRIVE 336 GOLFVIEW RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JUNO, FL 33408</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HANLEY, INGA</b>		NAME	
STREET ADDRESS <b>1867 WINDSOR DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JUNO, FL 33408</b>		CITY-ST-ZIP	
TITLE <b>SEC</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DITARANTO, ROBERT</b>		NAME	
STREET ADDRESS <b>% 1867 WINDSOR DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JUNO, FL 33408</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 names empowered.	
SIGNATURE: 	DATE <b>JAN 26 08</b>