


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # H72141 1. Entity Name REMINGTON ENTERPRISES, INC.		
Principal Place of Business 18319 MONTOUR DRIVE HUDSON, FL 34667	Mailing Address 18319 MONTOUR DRIVE HUDSON, FL 34667	



02042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2560760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZEOLI, SEBASTIAN 6587 66TH AVENUE NORTH PINELLAS PARK, FL 34666	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>U00000575425 08/29/06-80001-015 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, BILLY J 18319 MONTOUR DRIVE HUDSON, FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZEOLI, SEBASTIAN 8413 JACARANDA AVE SEMINOLE, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNT, BILL H 16210 US HWY 19 HUDSON, FL 34667	
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: Billy Joe Thompson Billy Joe Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/6/06 Daytime Phone #