2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # H9,1218 Apr 28, 2006 08:00 AN 1. Entity Name **Secretary of State** RICH GREENE ASSOCIATES, INC. Principal Place of Business Mailing Address 1705 COTTAGESIDE CT 1705 COTTAGESIDE CT BRANDON FL 33510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2618032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENE, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1705 COTTAGESIDE CT BRANDON FL 33510 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME GREENE, RICHARD MAME STREET ADDRESS 1705 COTTAGESIDE CT. STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP U00000543433 □ Change TITLE ☐ Delete HHF Addition 05/10/06-80136-024 150.00 NAME GREENE, JANIS NAME STREET ADDRESS 1705 COTTAGESIDE CT. STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete THILE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-S1-ZiP TITLE Delete TIRLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

GLEENE

Davisme Phone &

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE.