2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 25, 2007 08:00 A Secretary of State **DOCUMENT # J35419** 1. Entity Name RUSHAN CORPORATION Principal Place of Business Mailing Address 5544 SWANNER RD 5544 SWANNER RD US MILTON, FL 32570 MILTON, FL 32570 04202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2810646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, RUSSELL LYNN DO NOT WRITE 5544 SWANNER RD **MILTON, FL 32570** 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. Stonetime, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HARRIS, RUSSELL LYNN **5544 SWANNER ROAD** STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 TITN F HARRIS, SHANNON R. NAME STREET ADDRESS **5544 SWANNER ROAD** MILTON, FL 32570 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COY-ST-7P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADORESS CITY-ST-ZIP

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