



**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # J35419</b> 1. Entity Name <b>RUSHAN CORPORATION</b>			
Principal Place of Business <b>5544 SWANNER RD MILTON, FL 32570 US</b>		Mailing Address <b>5544 SWANNER RD MILTON, FL 32570</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04032008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2810646</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			
<b>HARRIS, RUSSELL LYNN 5544 SWANNER RD MILTON, FL 32570</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<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 May Be Added to Fees</b>	
		<b>U00000945321 05/30/08-80004-001 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	HARRIS, RUSSELL LYNN		
STREET ADDRESS	5544 SWANNER ROAD		
CITY- ST- ZIP	MILTON, FL 32570		
TITLE	V		
NAME	HARRIS, SHANNON R.		
STREET ADDRESS	5544 SWANNER ROAD		
CITY- ST- ZIP	MILTON, FL 32570		
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.			
<b>SIGNATURE:</b> <u>Russell L. Harris</u>		<u>4/30/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	