
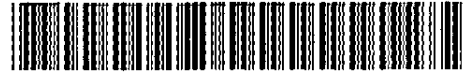


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K00223</b>				
1. Entity Name <b>R.L. REIMER ENTERPRISES, INC.</b>				
Principal Place of Business <b>454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US</b>		Mailing Address <b>454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2872539</b>
6. Name and Address of Current Registered Agent <b>REIMER, LOUIS R 454 ROCKEFELLER DR NEW SMYRNA BCH FL 32168</b>				Applied For Not Applied
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Name				1st MOORE CR2E034 (10/05)
Street Address (P.O. Box Number is Not Acceptable)				
City				FL Zip Code
8. The above named <input type="checkbox"/> 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 <input type="checkbox"/> as registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)				



**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME REIMER, LOUIS R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 454 ROCKEFELLER DRIVE	CITY-ST-ZIP NEW SMYRNA BCH FL 32168	NAME	U00000421912
TITLE V <input type="checkbox"/> Delete	NAME REIMER, LOUIS R.	STREET ADDRESS	02/16/06-80058-004 150.00
STREET ADDRESS 454 ROCKEFELLER DR.	CITY-ST-ZIP NEW SYMRNA BEACH FL	CITY-ST-ZIP	
TITLE ST <input type="checkbox"/> Delete	NAME REIMER, DEBORAH J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 454 ROCKEFELLER DRIE	CITY-ST-ZIP NEW SMYRNA BCH FL 32168	NAME	
TITLE		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP		NAME	
TITLE		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP		NAME	
TITLE		STREET ADDRESS	
NAME		CITY-ST-ZIP	

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

SIGNATURE: Deborah Reimer 1/31/06 386-428-6537