2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K52138

1. Entity Name
RJL INTERNATIONAL GROUP, INC.

Principal Place of Business	Mailing Address
% ROBERT J. LAWSON	P.O. BOX 1011
220 S.W. 16 COURT	220 S.W. 16 COURT
FT. LAUDERDALE, FL 33315	FT. LAUDERDALE, FL 33302 US

04052006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0099719		Not Applicable
5. Certificate of Status Desired	X	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, ROBERT J.
220 S.W. 16 COURT
FT. LAUDERDALE, FL 33315

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (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. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	LAWSON, ROBERT J.
STREET ADDRESS	220 S.W. 16 CT.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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04/26/06-80118-007 158.75

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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: _____   03 April 06   954/462 1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #