


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90043 048 \*\*\*150.00

<b>DOCUMENT #K83730</b>		
1. Entity Name <b>RURAL AMERICA, INC.</b>		

Principal Place of Business <b>992 ST. GEORGE ST. ORLANDO, FL 32805 US</b>	Mailing Address <b>84 REDWINE OVERLOOK NEWNAN, GA 30263 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>	
<b>WADE, CATHERINE 992 SAINT GEORGE ST. ORLANDO, FL 32305</b>	

**40064453**

04072007 Chg-P CR2E034 (12/06)

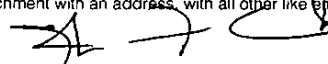
4. FEI Number <b>58-1872835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, FABIAN F</b>	NAME	
STREET ADDRESS	<b>992 SAINT GEORGE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, CLARENCE</b>	NAME	<b>Thomas, Clarence</b>
STREET ADDRESS	<b>303 FORREST RIDGE PLACE</b>	STREET ADDRESS	<b>4199 Powell Mill Road</b>
CITY-ST-ZIP	<b>AUGUSTA, GA 30906</b>	CITY-ST-ZIP	<b>Augusta GA 30909</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODEN, HERMAN</b>	NAME	
STREET ADDRESS	<b>541 DICKMAN RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EL PASO, TX 79906</b>	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLEY, ALVIN</b>	NAME	
STREET ADDRESS	<b>4134 RALEIGH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INGRAHAM, JOHN</b>	NAME	
STREET ADDRESS	<b>16930 FALCON RIDGE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LITHIA, FL 33547</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.	
SIGNATURE: 	<b>FABIAN F. COOK</b> 14 April 2007 678) 877-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #