2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002283

Name:

Address:

City-St-Zip:

MUNROE, ALELIA MPH

ORLANDO, FL 32806 US

1315 SOUTH ORANGE AVENUE, 2ND FLOOR

FILED Jan 12, 2006 Secretary of State

Entity Name: RNT & ASSOCIATES DEVELOPMENT GROUP, INC.

Current Principal Place of Business: New Principal Place of Business: 1035 S. SEMORAN BOULEVARD **SUITE 1040** WINTER PARK, FL 32792 **New Mailing Address: Current Mailing Address:** 1035 S. SEMORAN BOULEVARD **SUITE 1040** WINTER PARK, FL 32792 FEI Number: 51-0449257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROMAN-NAY-TORRES, GILDA ROMAN-NAY-TORRES, GILDA 15341 LAFITE LANE 4828 NEW BROAD STREET CLERMONT, FL 34711 US SUITE 245 OLANDO, FL 32814 US 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. SIGNATURE: 01/12/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO (X) Change () Addition () Delete ROMAN-NAY-TORRES, GILDA ROMAN-NAY-TORRES, GILDA Name: Name: 15341 LAFITE LANE Address: 4828 NEW BROAD STREET Address: ORLANDO, FL 32814 City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MS. () Delete Title: () Change () Addition CARIFI, MARILYN MS. Name: Name: Address: 1935 WOODCREST DRIVE Address: City-St-Zip: WINTER PARK, FL 32792 US City-St-Zip: Title: () Delete Title: () Change () Addition MAISONET, SAMUEL Name: Name: 995 EAST MEMORIAL BOULEVARD, SUITE 110 Address: Address: City-St-Zip: LAKELAND, FL 33801 US City-St-Zip: Title: DR () Delete Title: () Change () Addition CEDENO, RUBEN Name: Name: Address: 1201 16TH STREET, N.W. Address: City-St-Zip: WASHINGTON, DC 20036 US City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GILDA ROMAN-NAY-TORRES CEO 01/12/2006