
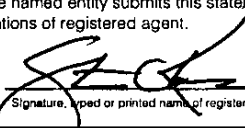
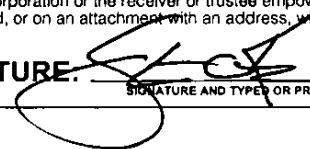


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90011 039 \*\*\*\*70.00

<b>DOCUMENT # N04000011995</b> 1. Entity Name <b>RURAL NEIGHBORHOODS, INCORPORATED</b>					
Principal Place of Business <b>19308 SW 380TH STREET FLORIDA CITY, FL 33034</b>			Mailing Address <b>PO BOX 343529 FLORIDA CITY, FL 33034</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-1238417</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>COHEN, GARY ESQ SHUTTS &amp; BROWN LLP 1500 MIAMI CENTER, 201 SOUTH BISCAYNE BLVD MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>STEVEN KIRK</b> Street Address (P.O. Box Number is Not Acceptable) <b>19308 SW 380 Street</b> City <b>FLORIDA City</b> FL Zip Code <b>33034</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  DATE <b>March 19, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KIRK, STEVEN C 16445 OLD CUTLER ROAD VILLAGE OF PALMETTO BAY, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD JENSEN, ROBERT 18640 SW 295TH TERRACE HOMESTEAD, FL 33032</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PRO, FERNANDO JR 20310 SW 106TH AVE MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LOPEZ, ARTURO 778 WEST PALM DRIVE FLORIDA CITY, FL 33034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD REYNA, SUSAN 28905 SOUTH DIXIE HWY HOMESTEAD, FL 33033</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS VIDALES, FABIOLA 19308 SW 380TH ST FLORIDA CITY, FL 33034</b>	<input type="checkbox"/> Delete			
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 617, 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.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>23919 Club Dillas Dr. Land-O-Lakes, FL 34639-4166</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RUBIO-RIVERA, SUSAN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>March 19, 2008 305-242-2142</b> Date Daytime Phone #		