

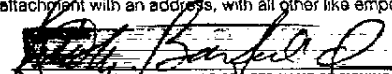

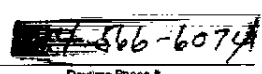


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000007781</b>			
1. Entity Name <b>RITA MARIE'S INC.</b>			
Principal Place of Business <b>1230 NE 38 ST. OAKLAND PARK, FL 33334</b>		Mailing Address <b>%STEVE KRAFT, P.A. 934 N UNIVERSITY DR, # 250 POMPANO BEACH, FL 33071</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 02072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0979675</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BARFIELD, RITA M 1230 N.E. 38TH ST. OAKLAND PARK, FL 33334</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>000000443601 03/06/06-80016-020 150.00</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D		
NAME	BARFIELD, RITA M		
STREET ADDRESS	1230 N.E. 38TH ST.		
CITY - ST - ZIP	OAKLAND PARK, FL 33334		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: 		 2/7/06 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #