## 2006 FOR PROFIT CORPORATION

## Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90387 012 \*\*\*150.00 DOCUMENT # P00000051576 1. Entity Name R G S INTERNATIONAL CORP. 40057113 Principal Place of Business Mailing Address 3276 PEACE PIPE DRIVE 32,75, PEACE PIPE DRIVE KHŚSHMMEE, FL 3474B KJ8SUMINJEE, JEL /34746 2. Principal Place of Business 3. Mailing Address 325 Woodland Creek Blvd 325 Woodland Creek Bly Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Kissimmee, FL Kissimmee, FL65-1011182 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 34744 34<u>744</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELLOMO, ROBERTO F. BELLOMO, ROBERTO F Street Address (P.O. Box Number is Not Acceptable) 3276 PEACE PIPE DRIVE KUŚSUMMEE, PL 34746/ 325 Woodland Creek Blvd. Kissimmee 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 04/18/06 SIGNATURE. DATE Signature, typed or printed name of registered agent and t (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD PTD TITLE ☐ Delete TITLE Change ☐ Addition BELLOMO, ROBERTO F BELLOMO, ROBERTO F. NAME NAME 3275 PEACE PIPE D'RIVE STREET ADDRESS 325 Woodland Creek Blvd. STREET ADDRESS KISSIMMEE, FL 34748 CITY-ST-7IP CITY-ST-ZIP Kissimmee, FL 34744 ☐ Delete TITLE Change ☐ Addition TITLE BELLOMO, SIMONE NAME NAME BELLOMO, SIMONE 325 Woodland Creek Blvd. 32/75 PEACE, PIPE, DRIVE STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 347,46 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34744 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 addreg with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED

CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR

04/18/06

407-846-4649

**FILED**