2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Mar 27, 2006 8:00 am Secretary of State 03-08-2006 90166 033 ***150.00 **DOCUMENT # P00000117670** 1. Entity Namo R.H., P.A. Principal Place of Business Mailing Address 66007158 1100 NORTH MAIN ST. PO BOX 701323 KISSIMMEE, FL 34744 ST. CLOUD, FL 34770 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3698575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent HOWSE, RON DO NOT WRITE P.O. BOX 701323 ST. CLOUD, FL 34770 IN THIS SPACE 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. Tary familiar with, and accept SIGNATURE. Signeture, typed or printed name of registered agent and fille it applicable. (NOTE: Registered Agent algresture required when reinstating) FILE NOW!!! FEE !S \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE HOWSE, RON NAME STREET ACCRESS PO BOX 701323 CITY-ST-ZIP ST. CLOUD, FL 34770 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE HALLE STREET ADDRESS CITY-51-ZP TITLE STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 accepte and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all paper like empowered.

FILED

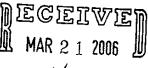
ATTACHMENT

2006 FOR PROFIT CORPORATION 46007158

ANNUAL REPORT

DOCUMENT # P00000117670 1. Entity Name R.H., P.A.												
Principal Place of Business Mailing Address 1100 NORTH MAIN ST. P0 B0X 701323 KISSIMMEE, FL 34744 ST. CLOUD, FL 34770										<u> </u>		
2. Principal Plac	Mailing Address	ng Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				212006	Chg-P	CR2E	034 (11/05)	
City & State				City & State				El Number			<u> </u>	oplied For
Zip	Country Zip			Zip	Cour	itry			f Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent									ddress of New	Registered		
HOWSE, RON P.O. BOX 701323 ST. CLOUD, FL 34770						Name RON HOWSE Street Address (P.O. Box Number is Not Acceptable) 1100 NOKTH MAIN STREET SUITE B						
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.						City KISS ed office or regis	IMM stered ag	ent, or both	, in the State of F	FL lorida. I am	familiar with,	444 and accept
SIGNATURE												
Sk	gnature, typed	or printed name of registered a	gent and title	f applicable. (NOT	E: Registere	d Agent signature requ	ulred when re	einstating)		DATE		
FILE After May	NOW!!! / 1, 2000	FEE IS \$150.00 3 Fee will be \$55	0.00	Election Campa Trust Fund Cont			\$5.00 N Added to 1	tay Be Fees				I
10.		OFFICERS A	ND DIREC	CTORS	11,		AD	DITIONS/C	HANGES TO OF	FICERS AN	DIRECTOR	S IN 11
NAME F STREET ADDRESS F						E Et adoress					☐ Change	☐ Addition
TITLE	ST. CLOUD, FL 34770 CITY					-ST-ZIP			-		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREE					E ET ADDRESS - ST-ZIP					_ •	-
TITLE NAME STREET ADDRESS	☐ Delete TITLE NAME STREE										☐ Change	Addition
CITY-ST-ZIP			···			-ST-ZIP				<u></u>		
TITLE NAME STREET ADDRESS				☐ Delete	titli Nam Stre						☐ Change	☐ Addition
CITY-ST-ZIP				☐ Delete	CITY	-ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						E ET ADORESS - ST-ZIP						<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2/		☐ Delete		1					☐ Change	Addition
12. I hereby cer indicated or of the corpo	r on an atta	chride with an addre	with al	line does not qualify for and accurate and that if d to execute this report other like empowered	or the exmy signa as requi	emptions contain ture shall have the red by Chapter (ned in Ch he same 607, Flori	napter 119, legal effect da Statutes	Florida Statutes, as if made under ; and that my nar		tify that the it arn an officer in Block 10 o	nformation or director r Block 11 if





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

R.H., P.A. PO BOX 701323 ST. CLOUD, FL 34770

Subject: R.H., P.A.

Reference Number:

P00000117670

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION