2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2008 08:00 Al DOCUMENT # P01000004358 **Secretary of State** 1. Entity Name RGA INTL., INC. Principal Place of Business Mailing Address 2706 HORSESHOE DR SOUTH 2706 HORSESHOE DR SOUTH SUITE 227 SUITE 227 NAPLES, FL 34104 US NAPLES, FL 34104 US DO NOT WRITE IN THIS SPACE 03132008 No Chg-P CR2E034 (11/05) Applied For 4. FFI Number 58-2592500 nelle tremane in falls bedre and inequality another another a septed. It is applied a september of the \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Addie to make a fitting and september from fight a por DO NOT WRITE VELLA9, DONALD 2706 HORSESHOE DRIVE SOUTH **SUITE 227** IN THIS SPACE NAPLES, FL 34104 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000865660 04/07/08-80037-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. manthonis for a fifth of a figure of the fig 7ITI F in the first mainly pine; and add to VELLA, DONALD NAME The second of th STREET ADDRESS 2706 HORSESHOE DR SOUTH SUITE 227 NAPLES, FL 34104 Mangell grant of the CITY-ST-ZIP The second of th more of the of planting a summer of the form NAME and the state of t STREET ADDRESS CITY-ST-ZIP The same of the sa TITLE ar aggraff his Taganagar raf STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE and the second of the second o STREET ADDRESS CITY-ST-ZIP A part of the second of the se TITLE NAME STREET ADDRESS C/TY-ST-7/P TITLE NAME

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 address, with all other like empowered.

SIGNATURE: ₹

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$1000T J 3-1

Enter the state of the state of

Daytinie Phone #

FILED