2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083119

Entity Name: R.P.S. OF ORMOND BEACH, INC.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

39 LORILLARD PLACE 833 BUENA VISTA AVENUE ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

39 LORILLARD PLACE 833 BUENA VISTA AVE ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

FEI Number: 59-3746372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCUTERI, ROBERT
39 LORILLARD PLACE
ORMOND BEACH, FL 32174 US
SCUTERI, ROBERT
833 BUENA VISTA AVE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: 04/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:SCUTERI, ROBERTName:SCUTERI, ROBERTAddress:39 LORILLARD PLACEAddress:833 BUENA VISTA AVECity-St-Zip:ORMOND BEACH, FL 32174City-St-Zip:ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SCUTERI P 04/17/2006