2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P01000093768

Entity Name: RETAIL MAINTENANCE NETWORK, INC.

Current Principal Place of Business:

1410 18TH AVE DRIVE EAST
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1387
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 65-1141384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CREWS, JUDY A
Address: 252 STARLING ROAD
City-St-Zip: MANCHESTER, GA 31816

Title: ST ( ) Delete
Name: ALVERSON, JAMES S
Address: P.O. BOX 1387
City-St-Zip: PALMETTO, FL 34220

Title: DVP ( ) Delete
Name: BISHOP, LARRY L
Address: 1067 LL REVELL ROAD
City-St-Zip: MANCHESTER, GA 31816

Title: D ( ) Delete
Name: BISHOP, ROBERT S
Address: 292 MELVIN HARRIS ROAD
City-St-Zip: MANCHESTER, GA 31816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUDY A. CREWS DP 01/03/2007

Electronic Signature of Signing Officer or Director — Date