

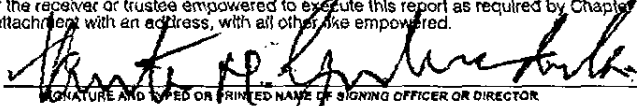


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000115681</b>		
1. Entity Name <b>RMG RETAIL, INC.</b>		
Principal Place of Business <b>15738 PONCE DE LOEN BLVD BROOKSVILLE, FL 34601</b>	Mailing Address <b>15738 PONCE DE LOEN BLVD BROOKSVILLE, FL 34601</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 <b>03232006 No Chg-P CR2E034 (11/05)</b>
		4. FEI Number <b>28-0000726</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>GULIVINDALA, VAIKUNTA M <del>XXXXXXXXXXXXXXXXXX</del> 15738 PONCE DE LOEN BLVD BROOKSVILLE, FL 34601</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULIVINDALA, VAIKUNTA M 15738 PONCE DE LOEN BLVD BROOKSVILLE, FL 34601	
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<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing 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 637, 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:  Date _____      Oaxton Phone # _____		