## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2006 8:00 am Secretary of State

	1. Entity Narr	MENT #P02000008 RTE ANTIQUES, INC.	3415			04-14-2006	90145 02	7 ***15	i0.00
İ	Principal Plac	e of Business	Mailing Address		- 40	102			
	81 SAN MAR		23 WATER STREET ST. AUGUSTINE, FL 32	084				,	
	2. Principal P	Place of Business Wafev Svelf	3. Mailing Address						
	Suite, Apt.	d. etc.	Suite, Apt. #, etc.	Guite, Apt. #, etc.		Chg-P	CR2E034	(11/05)	
	Size State City & State				4. FEI Number			<del>-</del>	oplied For
	Zip スカ	Country	Zip	Country	80-0034 5. Certificate o	f Status Desired	\$ <sup>(</sup>	8.75 Add	ot Applicable ditional
l	<u> </u>	6. Name and Address of Current	Registered Agent		7. Name and A	Address of New R		e Require	<u></u>
İ	MACRON	<u> </u>		Name					
	23 WATER	GUSTINE, FL 32086		Street Addres	ss (P.O. Box Number	is Not Acceptable	·)		
ĺ		f: .		City		***************************************	FL	Zip Cod	ie
				Ti .					
-	8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	stered agent, or both	, in the State of Flo		niliar with,	and accept
	8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both	, in the State of Flo		niliar with,	and accept
	8. The above the obligat	ions of registered agent.		registered office or regis		, in the State of Flo		niliar with,	and accept
	SIGNATURE	ions of registered agent.  Signature, typed or printed name of registered agent a	and rate if applicable. (NOTE	f: Registered Agent signature requ	ured when rensizing)	, in the State of Flo	rida. Tam fan	niliar with,	and accept
	SIGNATURE	ons of registered agent.	und tale d applicable. (NOTE	:: Registered Agent signature requirence of the control of the con		, in the State of Flo	rida. Tam fan	niliar with,	and accept
	SIGNATURE	Synature, typed or printed name of registered agent ag	9. Election Campai Trust Fund Contr	:: Registered Agent signature requirence of the control of the con	\$5.00 May Be Added to Fees	, in the State of Flo	orida. I am fan DATÉ		
	SIGNATURE.  FIL After M:  10.  IIILE	Synature, typed or printed name of registered agent a  E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0  OFFICERS AND I	9. Election Campai Trust Fund Contr	E: Registered Agent signature requirences  gn Financing \$ ibution.   11.  ITILE	\$5.00 May Be Added to Fees	••••	DATE		
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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 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 expowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP