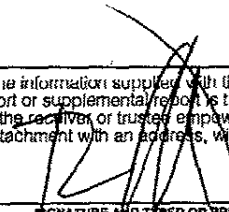


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # P02000117362 1. Entity Name RGS FINANCIAL GROUP, INC.		
Principal Place of Business 5110 E. EISENHOWER BLVD. 160 TAMPA, FL 33634		Mailing Address 5110 E. EISENHOWER BLVD. 160 TAMPA, FL 33634
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARLOWE & MCNABB, P.A. 324 S. HYDE PARK AVE., SUITE 210 TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE
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) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SMITH, RONALD G	
STREET ADDRESS	5110 EISENHOWER BLVD STE 160	
CITY-ST-ZIP	TAMPA, FL 336346332	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowered.		
SIGNATURE: 		Date <u>1/18/07</u> Daytime Phone # _____



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1640210	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

000000600357
01/26/07-80005-013 150.00

**DO NOT WRITE
IN THIS SPACE**