


2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-21-2006 90110 004 ***158.75
FILED 03000001452

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|------------------------|---------------------------------|--|---|-----------------------------------|
| DOCUMENT # P03000001452 | | | |  | |
| 1. Entity Name THE RICH ROCK, INC. | | | | | |
| Principal Place of Business 4518 SW 44TH LANE OCALA, FL 34474 | | | Mailing Address 4518 SW 44TH LANE OCALA, FL 34474 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 05-0565280 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHAMBERLIN, G. RICHARD, Esquire 4518 S.W. 44TH LANE OCALA, FL 34474 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <u>G. Richard Chamberlin</u> Signature, typed or printed name of registered agent and title if applicable. | | | DATE <u>04-20-06</u> (NOTE: Registered Agent signature required when remitting) | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHAMBERLIN, G. RICHARD | | NAME | | |
| STREET ADDRESS | 4518 SW 44TH LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHAMBERLIN, G. RICHARD | | NAME | | |
| STREET ADDRESS | 4518 SW 44TH LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Chamberlin, Elizabeth | | NAME | | |
| STREET ADDRESS | 4518 SW 44TH LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u>G. Richard Chamberlin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE <u>04-20-06</u> 352-291-0699 | | |