
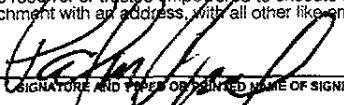


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000012997 1. Entity Name RAPPEL CORPORATION		
Principal Place of Business 6140 SOUTHEAST 42ND AVENUE OCALA, FL 34480 US		Mailing Address P.O. BOX 830362 OCALA, FL 34483 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAPPEL, PAUL 6140 SOUTHEAST 42ND AVENUE OCALA, FL 34480		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, and familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RAPPEL, PAUL 6140 SOUTHEAST 42ND AVENUE OCALA, FL 34480	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		May 1, 06 352-427-6119 Date Daytime Phone #



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1153878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/17/06-80084-024 150.00