2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P03000042229 1. Entity Name RUSSIAN HOUSE, INC.					Sec	retary of	State
Principal Place 822 E NEW H MELBOURNE,	IAVEN	Mailing Address 822 E NEW HAVEN MELBOURNE, FL 32901		(. 3.1/18 (11/18 3.1 /1/18 3.1/1/18		
DO NOT WRITE IN THIS SPA			CE	01272005	No Cha-P	CR2E034 (10/03	
				4. FEI Numb			Applied For Not Applicable
				5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent BEMBETOVA, NATALIE 822 E NEW HAVEN MELBOURNE, FL 32901					NOT W THIS SF	_	
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 registored agent and title it applicable. (NOTE: Registered Agent signature required when reinstailing) DATE							-
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICER'S AND D	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEMBETOVA, NATALIE 822 E NEW HAVEN MELBOURNE, FL 32901				U0000	337419	(mark styles
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4		U47217U5*	-80168-001 1	. 50. 630
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS			1				

12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: _

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/25/05 321-733-5929