


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 031 ***550.00

DOCUMENT # P03000068956	
1. Entity Name RHINO NETWORKS, INC.	

Principal Place of Business 206 LOCHBERRY PLACE LONGWOOD, FL 32779	Mailing Address 206 LOCHBERRY PLACE LONGWOOD, FL 32779
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50025670

2. Principal Place of Business 195 Wekiva Springs Rd.	3. Mailing Address 195 Wekiva Springs Rd.
Suite, Apt. #, etc. Suite 222	Suite, Apt. #, etc. Suite 222
City & State Longwood, FL	City & State Longwood, FL
Zip 32779	Country USA



08072006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0718118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, JOANN 206 LOCHBERRY PLACE LONGWOOD, FL 32779	7. Name and Address of New Registered Agent Name Harris, JoAnn Street Address (P.O. Box Number is Not Acceptable) 195 Wekiva Springs Rd. Suite 222 City Longwood FL Zip Code 32779
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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 \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, DAVID N JR 206 LOCHBERRY PLACE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HARRIS, JOANN 206 LOCHBERRY PLACE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____