2005 FOR PROFIT CORPORATION

FILED Apr 01, 2005 08:00 AM Secretary of State

DOCUMENT # P0300 1, Entity Name RN-HUMMMER, INC.		
Principal Place of Business	Mailing Address	_1
2814 SW VITTORIO STREET PORT ST. LUCIE, FL 34953	2814 SW VITTORIO STREET PORT ST. LUCIE, FL 34953	
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent



02222005

No Chg-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

NENEZIC, RADENKO 2814 SW VITTORIO STREET PORT ST. LUCIE, FL. 34953

SIGNATURE:

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 reinstalling) DATE							
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NENEZIC, RADENKO 2814 SW VITTORIO STREET PORT ST. LUCIE, FL 34953				00000283730		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/01/05-80044-002 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE		
TITLE NAME STREET ADDRESS CHY-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 exemption stated in Section 119.07(3)(f). 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 eath; that I am an officer or director of the corporation or the receiver of these 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 all other like empowered.							

s, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR