
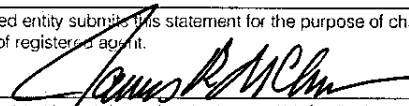
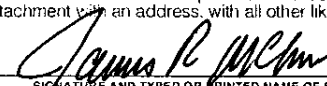


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90003 018 ***150.00

DOCUMENT # P03000086802			
1. Entity Name (RM)2 INC.			
Principal Place of Business 112 BAHAMA RD KEY LARGO, FL 33037		Mailing Address 112 BAHAMA RD KEY LARGO, FL 33037	
2. Principal Place of Business 112 BAHAMA RD Suite, Apt. #, etc.		3. Mailing Address 112 BAHAMA RD. Suite, Apt. #, etc.	
City & State KEY LARGO, FL		City & State KEY LARGO, FL	
Zip 33037		Zip 33037	
Country U.S.A.		Country U.S.A.	
6. Name and Address of Current Registered Agent MCNEW, JAMES R 112 BAHAMA RD KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name MCNEW, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 112 BAHAMA RD. City KEY LARGO FL Zip Code 33037	
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 		DATE 8-03-04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEW, JAMES R 112 BAHAMA RD KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEW, JAMES R. 112 BAHAMA RD. KEY LARGO, FL 33037 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		JAMES R. MCNEW	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 8-03-04	
		DAY/MTG PHON. # 305 442 4123	