


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P03000088257 |  |
| 1. Entity Name REMINGTON ROUGH STOCK CO., INC. | |

FILED
05 DEC 20 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 3202 COUNTRYSIDE ST BRANDON, FL 33511 | Mailing Address 3202 COUNTRYSIDE ST BRANDON, FL 33511 |
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| 2. Principal Place of Business 1501 US Hwy 301 S Suite, Apt. #, etc. | 3. Mailing Address 3202 Countryside St Suite, Apt. #, etc. |
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08192005 Chg-P CR2E034 (10/03) 05

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| City & State Tampa, FL 33619 | City & State Brandon, FL 33511 | 4. FEI Number 30-0196759 | Applied For Not Applicable |
| Zip 33619 | Country USA | Zip 33511 | Country USA |

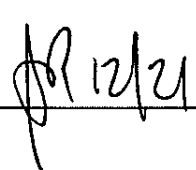
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent COSTA, JENNIFER 3202 COUNTRYSIDE ST BRANDON, FL 33511 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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:  DATE: 11/21/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COSTA, COREY 3202 COUNTRYSIDE ST BRANDON, FL 33511 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200061763072 11/29/05--01070--007 **\$550.00 <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 | 200061763072 12/20/05--01030--006 **\$200.00 <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 |

12. I hereby certify that the information supplied with this filing 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:  DATE: 11/21/05 DAYTIME PHONE #: 813-657-4866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR