


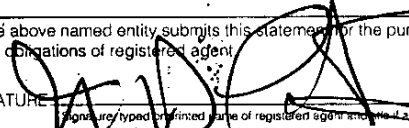
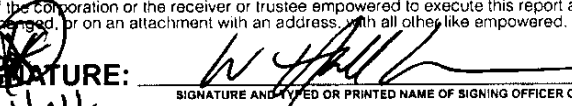
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90084 022 ***150.00

40075903



DOCUMENT # P03000105147					
1. Entity Name RPM MANUFACTURING SERVICES, INC.					
Principal Place of Business 550 STATE ROAD 207 ST. AUGUSTINE, FL 32084			Mailing Address 550 STATE ROAD 207 ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box # 2900 Childs St. Suite, Apt. #, etc.		3. Mailing Address 707 STANDISH DRIVE St. Augustine, FL		01082007 Chg-P CR2E034 (12/06)	
City & State Baltimore, MD		City & State		4. FEI Number 30-0206119	
Zip 21226	Country USA	Zip 32086	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIFATO, MICHAEL 550 STATE RD 207 SAINT AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name: Michael Difato Street Address (P.O. Box Number is Not Acceptable): 707 Standish Drive City: St. Augustine FL Zip Code: 32086	
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: 4-5-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFATO, JOSEPH			NAME	
STREET ADDRESS	550 STATE ROAD 207			STREET ADDRESS	413 Night Hawk Lane
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084			CITY-ST-ZIP	St. Augustine, FL
TITLE	D	Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFATO, MICHAEL			NAME	
STREET ADDRESS	550 STATE ROAD 207			STREET ADDRESS	707 Standish Dr.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084			CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D	Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, W.HALL			NAME	
STREET ADDRESS	550 STATE ROAD 207			STREET ADDRESS	8805 Goshen Mill Ct.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084			CITY-ST-ZIP	Gaithersburg, MD 20882
TITLE		Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Date: 4/19/07 301-512-8555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Hall Miller, president				Daytime Phone #	