



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90036 029 ***150.00

DOCUMENT # P03000118006					
1. Entity Name R & R PUBLISHING GROUP, INC.					
Principal Place of Business 20283 STATE ROAD 7 SUITE 400 BOCA RATON, FL 33498			Mailing Address 20283 STATE ROAD 7 SUITE 400 BOCA RATON, FL 33498		
2. Principal Place of Business 10338 MEDICUS PLACE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State WELLINGTON, FL		City & State		02062006 Chg-P CR2E034 (11/05)	
Zip 33467		Country USA		4. FEI Number 20-0326917	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUTTNER, SHERRY 11292 CORAL KEY DRIVE BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name: SHERRY RUTTNER Street Address (P.O. Box Number is Not Acceptable): 10338 MEDICUS PLACE City: WELLINGTON FL Zip Code: 33467		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUTTNER, SHERRY R 11292 CORAL KEY DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sherry R. Rutner 10338 Medicus Place Wellington, FL 33467	<input checked="" 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 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: <i>Sherry R. Rutner</i> Sherry R. Rutner, Pres. 2/14/06 561-492-9460					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					