

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90010 013 ***550.00

DOCUMENT # P03000118158 1. Entity Name RESPOND FOR PROPOSAL, INC.			
Principal Place of Business 14926 SAND PEBBLE LANE DELRAY BEACH, FL 33484		Mailing Address 14926 SAND PEBBLE LANE DELRAY BEACH, FL 33484	
2. Principal Place of Business 916 N.W. 37th Avenue Suite, Apt. #, etc.		3. Mailing Address 916 N.W. 37th Avenue Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33445		Zip 33445	
Country USA		Country USA	
4. FEI Number 27-0074653		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBERG, JEFFREY 14926 SAND PEBBLE LANE DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Rosenberg, Jeffrey Street Address (P.O. Box Number is Not Acceptable) 916 N.W. 37th Avenue City Delray Beach FL Zip Code 33445	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ROSENBERG, JEFFREY STREET ADDRESS 14926 SAND PEBBLE LANE CITY-ST-ZIP DELRAY BEACH, FL 33484	<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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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/17/05 (732) 693-6271 <small>Date Daytime Phone #</small>	