2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P03000118158 04-03-2006 90349 023 ***158.75 RESPOND FOR PROPOSAL, INC. Principal Place of Business Mailing Address 916 NORTHWEST 37TH AVENUE 916 NORTHWEST 37TH AVENUE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 US the second second 2. Principal Place of Business 4055 Blue 3. Mailing Address 4055 Polu Suite, Apt. #, etc. 03292006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Boynton <u>Soynton</u> Beac 27-0074653 Not Applicable Zip Ζip \$8.75 Additional Country 5. Certificate of Status Desired 33436 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rosenberg, Jeffre ROSENBERG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 916 NORTHWEST 37TH AVENUE DELRAY BEACH, FL 33445 4055 Blue Sage 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. Fam familiar with, and accept the obligations of registered agent. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150,00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ស Delete TITLE Change Addition NAME ROSENBERG, JEFFREY NAME 4055 Blue Sage Path Boynton Beach FL 33436 STREET ADDRESS 14926 SAND PEBBLE LANE STREET ADORESS CITY-ST-ZIF DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling coes 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 channel or on an attachment with an address with all other like processors. changed, or on an attachment with an address with all other like SIGNATURE: SIGNATURE AND TYPE

FILED