2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

| ANNUAL REPORT | | | | Secretary of Sta | |
|---|--|--|----------|--|--|
| DOCUMENT # P03000122830 1. Entity Name RJ TRIM, INC. | | | | Secretary of Sta | |
| Principal Place 10926 PARI RIVERVIEW, | | Mailing Address 10926 PARK DRIVE RIVERVIEW, FL 33569 | | | |
| | | | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 03072008 No Chg-P 4. FEI Number | CR2E034 (11/05) Applied For |
| | | | | 73-1685060 5. Certificate of Status Desired | Not Applicable \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | * |
| JANUSZ, RUSSELL J 10926 PARK DRIVE | | | | DO NOT WE | RITE |
| RIVERVIE | EW, FL 33569 | | | IN THIS SPA | ACE |
| The above named entity submits this statement for the purpose of changing its registered offi | | | 4. | | |
| SIGNATURE. | Signature Typed or printed name of registered agent at E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | - | | d when reinstating) .00 May Be led to Fees | DATE |
| 10. | OFFICERS AND I | DIRECTORS | . , | 000000 | 1928203 |
| NAME STREET ADDRESS CITY-S1-ZIP | P JANUSZ, RUSSELL J 10926 PARK DRIVE RIVERVIEW, FL 33569 | | | .08/21/08 | -80020-012,150,00 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | |
| NAME STREET ADDRESS CITY-S1-ZIP | | | | DO NOT WI | and the state of t |
| NAME STREET ADDRESS CITY-ST-ZIP | | | P S | IN THIS SPA | ACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS | | • | | | |

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:

CITY-SI-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08 813

813-677-7716

Daytime Phone #