


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90291 012 ***158.75

DOCUMENT # P03000140400

1. Entity Name
 RKR REAL ESTATE INC.



Principal Place of Business
 137 FLORIDA PARK DR N
 PALM COAST, FL 32137 US

Mailing Address
 PO BOX 352586
 PALM COAST, FL 32135 US

40087565



2. Principal Place of Business
 1504 OLD MOODY BLVD
 Suite, Apt. #, etc.
 #629

3. Mailing Address
 P.O. Box 352586
 Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State
 Bunnell FL

City & State
 Palm Coast FL

Zip Country
 32110 USA

Zip Country
 32135 USA

4. FEI Number
 20-0462360

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, RONALD K
 137 FLORIDA PARK DR N
 PALM COAST, FL 32137

7. Name and Address of New Registered Agent

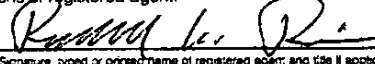
Name
 Rivera Ronald K.

Street Address (P.O. Box Number is Not Acceptable)
 144 Jovelle Circle

City
 Daytona Beach FL

Zip Code
 32124

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 26 Apr 06

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVERA, ADRENE		NAME Rivera Adrene	
STREET ADDRESS 137 FLORIDA PARK DR N		STREET ADDRESS 144 Jovelle Circle	
CITY-ST-ZIP PALM COAST, FL 32137		CITY-ST-ZIP Daytona Beach FL 32124	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVERA, RONALD K		NAME Rivera Ronald K.	
STREET ADDRESS 137 FLORIDA PARK DR N		STREET ADDRESS 144 Jovelle Circle	
CITY-ST-ZIP PALM COAST, FL 32137		CITY-ST-ZIP Daytona Beach FL 32124	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> 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 26 April 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #