2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P0400007844 1. Entity Name GREG RICH INC.						04-26-2006 9	0223 001 ***150	.00
Principal Place of Business 8 KRISTIN LANE EUSTIS, FL 32726		Mailing Address 8 KRISTIN LANE EUSTIS, FL 32726		-			500164	-
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04242006	Chg-P	CR2E034 (11/05)	ı
City & State		City & State	City & State		4. FEI Number 04-3781			pplied For lot Applicable
Zip	Country Zip Co		Coun	otry	5. Certificate of	f Status Desired	See Requir	
	6. Name and Address of Curren	nt Registered Agent		Name	7. Name and A	Address of New R	Registered Agent	
RICH, AMY 8 KRISTIN LANE EUSTIS, FL 32726				Street Address	(P.O. Box Number	is Not Acceptable	9)	
EUS115, F	L 32720							
				City			FL Zip Cod	de
	named entity submits this statement ions of registered agent.	for the purpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	Ë: Regislere	ed Agent signature require	d when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ded to Fees			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	RICH, GREG 8 KRISTIN LANE EUSTIS, FL 32726	☐ Delete		I			☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		·			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	EET ADDRESS - ST-ZIP			☐ Change	☐ Addition
12. Thereby o	certify that the information supplied w	ith this filing does not qualify for	or the exi	emptions containe	d 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: .

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR