2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P04000011145 1. Entity Name RSE SERVICES, INC. Mailing Address Principal Place of Business 1866 SPRING TIME AVE 1866 SPRING TIME AVE CLEARWATER, FL 33755 CLEARWATER, FL 33755 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0536809 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENRIQUEZ, REGINO S DO NOT WRITE 1866 SPRING TIME AVE CLEARWATER, FL 33755 IN THIS SPACE 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 acces the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 100000544272 Trust Fund Contribution. Added to Fees /11/06-80028**-0**03 150 **0**0 OFFICERS AND DIRECTORS 10. D, P TITLE **ENRIQUEZ, REGINO S** NAME STREET ADDRESS 1866 SPRING TIME AVE CLEARWATER, FL 33755 CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby cartify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

Myngues