


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90009 011 ***150.00

DOCUMENT # P04000048232		
1. Entity Name RHW, INC.		

Principal Place of Business 2844 STIRLING RD SUITE D HOLLYWOOD, FL 33020	Mailing Address 2844 STIRLING RD SUITE D HOLLYWOOD, FL 33020
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number 61-1468402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEST, ROBERT 2844 STIRLING RD SUITE D HOLLYWOOD, FL 33020	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, ROBERT <input checked="" type="checkbox"/> Delete 2844 STIRLING RD SUITE D HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WEST, ROBERT 2844 STIRLING RD, SUITE D HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRAINA, TROY 2844 STIRLING RD, SUITE D HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/24/07 954-920-3924

Troy Traina, Vice Pres.