


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000073355 1. Entity Name R-BIZ, INC.	
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Principal Place of Business 5200 OKEECHOBEE FT. PIERCE, FL 34985	Mailing Address 5200 OKEECHOBEE FT. PIERCE, FL 34985
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DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1110156	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 CACCIATORE, DEBORAH 5200 OKEECHOBEE FT. PIERCE, FL 34985

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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: Deborah Cacciatore 4-1-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CACCIATORE, DEBORAH P. O. BOX 8714 FT. PIERCE, FL 34985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CACCIATORE, STEPHEN P. O. BOX 8714 FT. PIERCE, FL 34985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/06-80010-005 150.00

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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 I/we empowered.

SIGNATURE: Deborah Cacciatore 4-1-06 466-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #