

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90143 001 ****75.00
 04-11-2007 90143 002 ****75.00

DOCUMENT # P04000153002	
1. Entity Name R & R INCLUSION, INC.	

Principal Place of Business 11411 NW 15 STREET PEMBROKE PINES, FL 33026	Mailing Address 11411 NW 15 STREET PEMBROKE PINES, FL 33026
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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
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Zip	Country	Zip	Country
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8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENBERG, STEVEN M 11411 NW 15TH ST PEMBROKE PINES, FL 33026		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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

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	VPS WILLIAMS, REBECCA <input type="checkbox"/> Delete 3271 CORAL SPRINGS DR CORAL GABLES, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Williams, Rebecca <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2873 NW 91st Ave, Apt. 102 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GREENBERG, ROBBY <input type="checkbox"/> Delete 11411 NW 1ST ST PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Greenberg, Robby <input checked="" 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
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: <u>Rebecca Williams</u>	4-7-07 954)557-8988
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>