2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 08, 2005 8:00 am **Secretary of State** DOCUMENT # P04000164611 03-14-2005 90109 003 ***150.00 RWR MANAGEMENT, INC. Principal Place of Business Mailing Address 33297 WESTWOOD DRIVE 33297 WESTWOOD DRIVE 66024372 DADE CITY, FL 33523 US DADE CITY, FL 33523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 96860 20-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 33297 WESTWOOD DRIVE DADE CITY, FL 33523 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Delete TITLE Addition ROBINSON, RICHARD W NAME NAME STREET ADDRESS 33297 WESTWOOD DRIVE STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33523 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Date

Daytime Phone #

FILED

June 30, 2005

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

EIN #: 20-1968601

Form: 2005 Uniform Business

Report

Dear Sir or Madam:

Please find enclosed a corrected 2005 Uniform Business Report. Unfortunately, we did not receive a prior notice of correction in which to respond. We ask that you accept our report and the fee of \$150.00, which was paid with check number 1026 in February. Thank you for your help in this matter.

Please update your records accordingly.

Sincerely, Richard W. Robinson

Richard W Robinson