

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90126 023 ***163.75

DOCUMENT # P05000018213						
1. Entity Name RHYTHM LOGIC, INC.						
Principal Place of Business POST OFFICE BOX 3947 SPRING HILL, FL 34611-3947			Mailing Address POST OFFICE BOX 3947 SPRING HILL, FL 34611-3947			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-2356470		
5. Certificate of Status Desired				Applied For ☒ Not Applicable		
6. Name and Address of Current Registered Agent BARTON, BLAIN 4399 3RD ISLE DRIVE HERNANDO BEACH, FL 34607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				\$8.75 Additional Fee Required		
SIGNATURE: <i>Blain Barton</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: 02/01/2006		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BARTON, BLAIN POST OFFICE BOX 3947 SPRING HILL, FL 346113947		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARTON, BLAIN POST OFFICE BOX 3947 SPRING HILL, FL 346113947		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR RICHARD BALDREE 7651 ATHERTON AVE NEW PORT RICHEY, FL 34655		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR CHRIS VINCENT 7290 SOUTH BLACKBERRY POINT HOMOSASSA, FL 34446		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ROB VASQUEZ 4022 THUNDERBIRD AVE SPRING HILL, FL 34606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <i>Blain Barton</i> BLAIN BARTON 02/01/06 352-397-6000						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						