2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 8:00 am Secretary of State

DOCUMENT # P05000033325 1. Entity Name RUGBY ROAD CORP.					Secretary of State 03-28-2006 90123 049 ***150.00			
Principal Place of Business 1800 ALAQUA LAKES BLVD. LONGWOOD, FL 32779 Principal Place of Business Mailing Address 1800 ALAQUA LAKES I LONGWOOD, FL 32779						0040		
2. Principal Place of Business 3941 Saint Johns Par Kway 3. Mailing Address 3941 Sai Suite, Apt. #, etc. Suite, Apt. #, etc.			Johns Pav	rkway	02072006		CP35034 (44/0)	
City & Sta Santor Zip	d FL	City & State San Ford , F	L		4. FEI Num	9	 	Applied For Not Applicable
397	Country USA 6. Name and Address of Current R	Zip 32771 egistered Agent	Country USA		5. Certificat	e of Status Desired	□ \$8.75 A Fee Regui	dditional
GAUGHA	N, RICK L		Name	\mathbf{O} .		d Address of New R	1	
1800 ALAQUA LAKES BLVD. LONGWOOD, FL 32779				Street Address (P.O. Box Number is Not Acceptable) 3941 Saint Johns Parkway				
			City				0	
The above named entity submits this statement/or the purpose of changing its registere the obligations of registered agent.					rd		FL Zip Co	JON 1
the obliga	tions of registered agent / Cure / Company / Sonature, typed or printed name of registered agent and	u	Registered Agent signs			th, in the State of Flor	rida. I am familiar with	n, and accept
After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		bution.	f Added	May Be to Fees			
TITLE	OFFICERS AND DI	HECTORS Delete	11.	PSD	ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11
NAME STREET ADORESS CITY-ST-ZIP	GAUGHAN, BONITA S 1800 ALAQUA LAKES BLVD. LONGWOOD, FL 32779	and bondo	NAME STREET ADDRESS CITY-ST-ZIP	3941 S		nns farkway	∑ Change	☐ Addition
fitle Name	VD CALICHAN BIOK	☐ Delete	TITLE	VD	ord, FL		⊠ Change	☐ Addition
STREET ADDRESS City-St-Zip	GAUGHAN, RICK L 1800 ALAQUA LAKES BLVD. LONGWOOD, FL 32779		NAME Street address City-St-Zip	3941		Johns Parkway	,	Adducti
TITLE NAME		☐ Delete	TITLE	Santo	vd, FL	· Darry	☐ Change	- Addition
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ITY-ST-ZIP			CITY-ST-ZIP					
AME Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition
2. I hereby ce indicated of the corporate	ertify that the information supplied with this on this report or supplemental report is true oration or the receiver or trustee empower or on an attachment with an address, with i		city-st-zip ne exemptions co signature shall ha required by Chap	ontained in (ave the same oter 607, Flo	Chapter 119, e legal effect rida Statutes	Florida Statutes. I fur as if made under oath and that my name a	ther certify that the in n; that I am an officer o ppears in Block 10 or	formation or director Block 11 if