

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 049 ***150.00

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DOCUMENT # P05000046808 1. Entity Name RAPP CONTROLS, INC.					
Principal Place of Business 5196 MAJORCA CLUB DR. BOCA RATON, FL 33486			Mailing Address 5196 MAJORCA CLUB DR. BOCA RATON, FL 33486		
2. Principal Place of Business 801 E Palmetto Park Rd Suite, Apt. #, etc.		3. Mailing Address 801 E Palmetto Park Rd Suite, Apt. #, etc.		03232006 Chg-P CR2E034 (11/05)	
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 20-2577849	
Zip 33432 Country US		Zip 33432 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPP, DAVID J 5196 MAJORCA CLUB DR. BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Rapp David Street Address (P.O. Box Number is Not Acceptable) 801 E Palmetto Park Rd City Boca Raton 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 X David J Rapp DATE 3-27-06 <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPP, DAVID J 5196 MAJORCA CLUB DR. BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rapp David 801 E Palmetto Park Rd Boca Raton, FL 33432 <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	
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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 like empowered.					
SIGNATURE: X David J Rapp <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-27-06 Daytime Phone 561-8434141		