2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL KEPUKI				Apr 28, 2008 08:00			
DOCUMENT # P05000074049					S	ecretary of Stat	
 Entity Nan 	ne					•	
กรุยเห	RIM WORK INC.						
Principal Plac	ce of Business	Mailing Address					
1402 HOLY COW RD P O BOX 115 POLK CITY, FL 33868 POLK CITY, FL 33868							
POLK CITY, I	rL 33808	POLK CITY, FL 33868					
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		** · · ·	, (C)	02212008	No Chg-P	CR2E034 (11/05)	
,	O NOT WRITE	CE	4. FEI Numb	Ar	Applied For		
		, [. •	20-291		Not Applicable	
		•	1	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Ro	gistered Agent			· • • • •		
TIPPETT, DANIEL 1402 HOLY COW RD POLK CITY, FL 33868					NOT W		
				DO	NOT W	KIIE	
			, ,	IN T	THIS SP	ACE	
:			,				
9 The above	named entity submits this statement for t	he nurnose of changing its registe	red office or register	red agent, or bo	th, in the State of Flo	rida. Lam familiar with and accent	
	tions of registered agent.	ie purpose or changing its registe	red office of register	ed agent, or oo	un, in the otate of 110	rida. Tamhamiliai with, and accept	
SIGNATURE.						_	
	Signature, typed or printed name of registered agent and	ed Agent signature required	l when reinstating)		DATE		
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees			
10.	OFFICERS AND D	 RECTORS	I		(* ; 6 *		
TITLE	PD	'	1		4	4.1	
NAME STREET ADDRESS	TIPPETT, DANIEL 1402 HOLY COW RD				, ;		
CITY-ST-ZIP	POLK CITY, FL 33868		,	,			
TITLE	D	k 1 208	1	•	ns/20000003	126383 1000 4 040 450 60	
NAME STREET ADDRESS	TIPPETT, BRADLEY W 170 NEWBERN CIRCLE		•	į.	, <u>037,207,09</u> ~6	10064-019 150.00	
CITY-ST-ZIP	AUBURNDALE, FL 33823		(
TITLE			,				
NAME STREET ADDRESS	·						
CITY-ST-7IP					NOT W		
TITLE			1	IN.	THIS SP	ACF	
NAME STREET ADDRESS			i i				
CITY-ST-ZIP							
TITLE				t. • e		1,96 a 1 4 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	
NAME CARCET ADDRESS					dir		
STREET ADDRESS CITY-ST-ZIP			1277		րդի մ Մահր - դ դ Հ հայ		
TITLE		· · · · ·	1) "I + 1	i d	ari garaga Afrika Jamesia Kabupatèn Madhara Sara	And Asia Care Control of the Control	
NAME STREET ADDRESS							
CITY-ST-ZIP				i Lang		Property Control of the Control of t	

12. I hereby certify that the information supplied with this filling 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 SIGNATURE AND TYPED OR PRINTED NAME OF SENTING OFFICER OR DIRECTOR

x 2-21-08 x86.

Daytime Phone #