FILED
Feb 27, 2006 8:00 am
Secretary of State

02-02-2006 90074 015 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/2.

DOCUMENT # P05000104030

1. Entity Name
R.A.P. EXCLUSIVE, INC.

Principal Place of Business	Mailing Address
2488 W. BRANDON BLVD. BRANDON, FL 33511	2488 W. BRANDON BLVD. BRANDON, FL 33511

66002718

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		R.A.P. EXCLUSIVE, INC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO. BOX 2146	
City & State		City & State SEFFNER, FL	
Zip	Country	Zip 33583	Country USA

4. FEI Number 75-3197531 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLOCH, RYAN 501 N EVERINA CIRCLE BRANDON, FL 33510	Name Street Address (P.O. Box Number is Not Acceptable) City 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 [signature] RYAN PLOCH PRESIDENT 1-11-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	DPST PLOCH, RYAN 501 N EVERINA CIRCLE BRANDON, FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEOCHAN, ALICIA 501 N EVERINA CIRCLE BRANDON, FL 33510	☐ 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
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: [signature] RYAN PLOCH 1-11-06 813-685-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #