2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

May 02, 2006 8:00 am Secretary of State DOCUMENT # P05000112531 05-02-2006 90166 031 ***150.00 RUSH HOUR ENTERPRISE INC. Principal Place of Business Mailing Address 8112 N 40TH STREET **8112 N 40TH STREET** TAMPA, FL 33604 TAMPA, FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 203411373 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSHING, DERRELL **1538 16TH STREET S** TAMPA, FL 33604 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 e if applicable (NOTE: Reg 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. П After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change Addition RUSHING, DERRELL NAME NAME STREET ADDRESS 8112 N 40TH STREET STREET ADDRESS CITY-ST-7IP **TAMPA, FL 33604** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter 607 or an attachment with an address, with all other like empowered.

FILED