

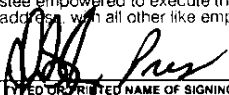


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90235 003 ***150.00

DOCUMENT # P05000135863 1. Entity Name RNYC, INCORPORATED																	
Principal Place of Business 401 COMMERCIAL CT. STE. A VENICE, FL 34292 US			Mailing Address 401 COMMERCIAL CT. STE. A VENICE, FL 34292 US														
2. Principal Place of Business - No P.O. Box # 779 Commerce Drive Suite, Apt. #, etc. Suite 1 City & State Venice, FL Zip Country 34292 Sarasota		3. Mailing Address 779 Commerce Drive Suite, Apt. #, etc. Suite 1 City & State Venice, FL Zip Country 34292 Sarasota															
4. FEI Number 27-0131220				Chg-P CR2E034 (12/06) Applied For Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HINES, CHARLES D ESQ. 420. N. RIVER RD. VENICE, FL 34293													
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D, P TAYLOR, JAMES D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>401 COMMERCIAL CT, STE A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>VENICE, FL 34292</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D, P TAYLOR, JAMES D	<input type="checkbox"/> Delete	NAME	401 COMMERCIAL CT, STE A.		STREET ADDRESS	VENICE, FL 34292		CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D P Taylor, James D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>779 Commerce Drive, Suite 1</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Venice, FL 34292</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D P Taylor, James D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	779 Commerce Drive, Suite 1		STREET ADDRESS	Venice, FL 34292		CITY-ST-ZIP			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.			
TITLE	D P Taylor, James D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME	779 Commerce Drive, Suite 1																
STREET ADDRESS	Venice, FL 34292																
CITY-ST-ZIP																	
SIGNATURE:  James D Taylor		Date: 4/26/07		Daytime Phone: 941-488-7681													