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May 02, 2007 8:00 am
Secretary of State
05-02-2007 90076 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000150975

1. Entity Name
REINING ENTERPRISES INC.

400DJ010

04282007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
415 NE 27TH AVE APT B OCALA, FL 34470	415 NE 27TH AVE APT B OCALA, FL 34470

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5001 SW 20th St	5001 SW 20th St
Suite, Apt. #, etc. # 7907	Suite, Apt. #, etc. # 7907
City & State Ocala FL	City & State Ocala FL
Zip 34474 Country USA	Zip 34474 Country USA

4. FEI Number 20-3829777 ☐ 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
REINING, JAMES S 415 NE 27TH AVE APT B OCALA, FL 34470	Name Reining, James S. Street Address (P.O. Box Number is Not Acceptable) 5001 SW 20th St City Ocala FL Zip Code 34474

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: James Reining 4/30/07
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, 2007 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	D REINING, JAMES S 415 NE 27TH AVE APT B OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reining, James S 5001 SW 20th St # 7907 Ocala FL 34474	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST REINING, JAMES S 415 NE 27TH AVE APT B OCALA, FL 34470	☐ 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
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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: James Reining 4/30/07 (352) 207-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #