2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006
Secretary of State

DOCUMENT# P05000152928

Entity Name: RONI'S, INC

Current Principal Place of Business:

5519 ORTEGA BLUFF LANE
JACKSONVILLE, FL 32244

New Principal Place of Business:

819 REID STREET
PALATKA, FL 32177 US

Current Mailing Address:

5519 ORTEGA BLUFF LANE
JACKSONVILLE, FL 32244

New Mailing Address:

5519 ORTEGA BLUFF LANE
JACKSONVILLE, FL 32244 US

FEI Number: 20-1696429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATA, MAROUN F
5519 ORTEGA BLUFF LANE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ATA, MAROUN F
Address: 5519 ORTEGA BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete
Name: ATA, AMAL M
Address: 5519 ORTEGA BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ATA, MAROUN F MR.
Address: 5519 ORTEGA BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: V (X) Change ( ) Addition
Name: ATA, AMAL M MRS.
Address: 5519 ORTEGA BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32144 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAROUN F ATA P 08/28/2006
Electronic Signature of Signing Officer or Director Date