2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

DOCUMENT # P0600000725 1. Entity Name RMF FINANCIAL SERVICES, INC.						05-14-2007	90086 011 ***15	0.00
10 WELLSIDE LANE		Mailing Address 10 WELLSIDE LANE PALM COAST, FL 3216			402		(I) 84() 88() 88() 1848 (1841 8	######################################
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20 -	40372	89 AF	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered Agent	
EIGUED DOUNILLE MIII				Vame		•		-
FISHER, ROUVILLE M III 10 WELLSIDE LANE PALM COAST, FL 32164				Street Address (P.O. Box Number is Not Acceptable)				
			<u> </u>	City Zip Code				
				-	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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.					00 May Be ed to Fees			The state of the s
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	P BOURD BOURGLE MID	Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	FISHER, ROUVILLE M III 10 WELLSIDE LANE		name Street a	nnocce				54 × 10
CITY-ST-ZIP	PALM COAST, FL 32164		CHY-SI-					
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CITY-ST-ZIP			CITY-ST-	1				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME ATTEST (GROSSO			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET A	1			•	
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STREET ADDRESS			STREET A	DDRESS				
CITY-ST-ZIP			CITY-ST-	ZIP	***			
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exemp	otions contained	in Chapter 119,	Florida Statutes.	I further certify that the i	nformation

12. Thereby 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: Hour Rouville M Fisher II 15-1-07 (386) 146-9431