


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 001 ***150.00

DOCUMENT # P06000109421	
1. Entity Name RFM MANAGEMENT, INC.	

Principal Place of Business 10709 184TH STREET MCALPIN FL 32062	Mailing Address 10709 184TH STREET MCALPIN FL 32062
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 20-5413447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND FL 33801

7. Name and Address of New Registered Agent Name Robert F. McGRANAHAN Street Address (P.O. Box Number is Not Acceptable) 10709 184th ST McAlpin City FL Zip Code 32062
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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 Robert F. McGRANAHAN <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	Robert F. McGRANAHAN <small>(NOTE: Registered Agent signature required when substituting)</small> DATE 4-1-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P MCGRANAHAN, ROBERT F 10709 184TH STREET MCALPIN FL 32062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TS MCGRANAHAN, RAMONA F 10709 184TH STREET MCALPIN FL 32062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert F. McGRANAHAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Robert F. McGRANAHAN <small>Date</small>	4-1-08 <small>Day-Mo Phone #</small>
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