

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147318

Entity Name: RV MASTER, INC.

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

8200 SW 210 ST
SUITE 219
CUTLER BAY, FL 33189

New Principal Place of Business:

Current Mailing Address:

PO BOX 260177
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 90-0418601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SEAN D
8200 SW 210 ST
SUITE 219
CUTLER BAY, FL 33189 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, BROOKE E
Address: 8200 SW 210 ST #219
City-St-Zip: CUTLER BAY, FL 33189 US

Title: VP () Delete
Name: SLIMAK, ALAN S
Address: 19700 SW 86 AVE
City-St-Zip: CUTLER BAY, FL 33189 US

Title: STD () Delete
Name: THOMPSON, SEAN D
Address: 8200 SW 210 ST #219
City-St-Zip: CUTLER BAY, FL 33189 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, BROOKE E
Address: PO BOX 260177
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP (X) Change () Addition
Name: SLIMAK, ALAN S
Address: PO BOX 260177
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: STD (X) Change () Addition
Name: THOMPSON, SEAN D
Address: PO BOX 260177
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify 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: SEAN THOMPSON

STD

01/18/2009

Electronic Signature of Signing Officer or Director

Date