## 2008 FOR PROFIT CORPORATION

## **FILED** Jul 21, 2008 8:00 am

MINIONE VELOVI					Secretary of State				
DOCUMENT # P0700018833  1. Entitly Name RAPID RESPONSE ENGINEERING, INC.						07-21-2008	-		
Principal Place of Business		Mailing Address	•		Anr	****			
RAPID RESPONSE		RAPID RESPONSE							
ENGINEERING, INC.		ENGINEERING, INC.						1 <b>0: 10:00</b> 11:00 41	
2303 THOREAU DRIVE x#		T 2303 THOREAU DRIVE							
LAKE WALES, FL 33898		LAKE WALES, FL 33898			[88]	murti imuti mëril bëlif dë	)	<b>                                    </b>	88      883
<del></del>					07102008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number	84632	44	<del>    -</del>	plied For
Zip	Country	Zip	Country			of Status Desired	<del>,</del>	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I		Fee Require	<u> </u>
HERRICK, ROBERT			Name	Name .					
2303 THO	REAU DRIVE LES, FL 33898		Street A	street Address (P.O. Box Number is Not Acceptable)					
DAIRE WAI	220,12 00000								
			City				FL	Zip Cod	9
8. The above the obligat	named entity submits this statement for	r the purpose of changing its r	registered office o	r register	ed agent, or bo	th, in the State of Fl	lorida. I am i	lamiliar with,	and accept
SIGNATURE.									<del></del>
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ture required	when reinstating)		DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008				.00 May Be led to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERRICK, ROBERT 2303 THOREAU DRIVE LAKE WALES, FL 33898	C) Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLLARD, ROBERT C 128 MARTIN RD. ST AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIFF D, MARCUS 30650 HWY 27 HAINES CITY, FL 33844	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Her 230 Lak	rick, 3 Thois 6 water	Robert seau o	2389	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		·	•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			9 00000 000		☐ Change	Addition
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 explute 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:** 

ATTO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-17-2008

863-696-7440 Daytime Phone #