2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam RCCAJ, I	18	#P07000043	632 ,			04-18-2008	8 90045 040 *		
Principal Plac			Mailing Address	*					
9001 DANIELS PARKWAY 9001 DANIELS PARKWAY SUITE 200 SUITE 200									
					s ·	660	10752		
Principal Place of Business - No P.O. Box * 3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			04012008	Chg-P	CR2E034 (12/0	6)
City & State			City & State			4. FEI Numbe 20-	8808583		Applied For Not Applicable
Zip	Zip Country		Zip Country		itry	5. Certificate	of Status Desired	\$8.75 / Fee Requ	Additional ired
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent Name					
ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 210 TAMPA, F				201 N. FRANKLIN STREET, SUITE 2100					
IAMICA, C	L 33002	# 3/	,		_		ID SIKEE	I, SUILE	
R The shows	samed está	are showing their advantage for	the common of changing to	INUVI				33604	
8. The above named entity submits the citement 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 Stephen J. Mitchell 4/2/08									
Signature, typed or private name of registerial agent and talk it applicable. (NOTE: Registered Agent alphabure required when retraining)									
FILE NOWIL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.		OFFICERS AND C	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
TIPLE	P Delete							Change	Addition
NAME REISMAN, JOHN STREET ADDRESS 9001 DANIELS PARKWAY, STE 2			200	NAME STREE	ET ADORESS				
CITY-ST-ZIP		ERS, FL 33912		CITY-	ST- 70P				
TITLE ;	S/T Delitie GLICK, ADAM			TITLE				☐ Change	Addition
STREET AOORESS		IIELS PARKWAY, STE 2	200		ET ADORESS				
City-St-ZP	f-2P FORT MYERS, FL 33912			CITY-	-\$1-ZIP				
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CITY-ST-ZIP	<u></u>				ST-ZP				
12. I hereby certify that the information supplied with this filing does not quality 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 charged, or on an attachment with an address, with all other like empowered.									
SIGNATURE: CULL TUCK FLAINE M. STUCTZ 4/4/08 Z39: 481.5090 × ZOC									