2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State

03-28-2008 90025 038 ***150 00

DOCUMENT # P07000090927 1. Entity Name RYLE ENTERPRISES, INC.							0025 038 ***150	J.00
Principal Place of Business Mailing Address					4005	3102		
4819 3RD STREET WEST 4819 3RD STREET WES			ST		-			
BRADENTON, FL 34207 US BRADENTON, FL 3			1207 US					
					1 (8 8)(8 8)	88111 18811 BTIN BBM BBM	I CANA IBYN BAND IBNA NAM IA	RTERI II IRRI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 26 - 0	71406		pplied For ot Applicable
Zip	Country Zip Col		Cour	ntry	5. Certificate	of Status Desired	□ \$8.75 Ad	ditional
	6. Name and Address of Current	t Registered Agent	<u>i</u>	T	7 Name and	Address of New R	Fee Require	ed
		The ground and the grown		Name	1. Name and	Address of Herric	agistered Agent	
RYAN, MICHAEL F				Chroat Addison (D.O. Box Municipality)				
4819 3RD STREET WEST BRADENTON, FL 34207				Street Address (P.O. Box Number is Not Acceptable)				
DIVADENT	014, 1 € 34207							
1				City			EI Zip Coo	de
8. The above named entity submits this statement for the purpose of changing its registr				,			FL	
the obligat	named entity submits this statement i ions of registered agent.	or the purpose of changing its	s register	ed office or reg	pstered agent, or bot	h, in the State of Hic	orida. I am tamiliar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agen	It and little if applicable. (NO	TE: Registere	id Agent signature rec	quired when reinstating)		DATE	- •
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa .00 Trust Fund Con			\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLÉ			TITL				☐ Change	Addition
NAME STREET ADDRESS	■ ***		NAM	eet address				
CITY-ST-ZIP				-ST-ZIP				
TITLE			TITL	F	7.723.40		☐ Change	☐ Addition
NAME			NAM				المالية المالية	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	<u> </u>			-ST-ZIP				
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CITY-ST-ZIP				-ST-ZIP				
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NAME	!		NAW					
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NAME			NAM				Change	☐ Addition
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CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME EXPECT ADDRESS			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
	postific that the information availant with	h this filing does not suclify t			sined in Chapter 110	FL 11 October 1	t at the second of	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier 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

MICHAEL F. RYAN

2/25/0

941-685-9577