
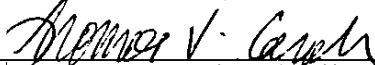


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90013 001 ***150.00

DOCUMENT # P35226					
1. Entity Name RANK AMERICA INC.					
Principal Place of Business ROUTE 209 BUSHKILL PA 18324 US			Mailing Address ROUTE 209 BUSHKILL PA 18324 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1953493	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MICHAEL EDWARD 6 CONNAUGHT PLACE LONDON ENLAND W2-2E	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamish Dodds 6100 Old Park Lane Orlando, FL 32815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRABINSKY, CYRIL 1377 NORTH SERRANO AVE HOLLYWOOD CA 90027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine Ray 6 Connaught Place London, England W2-2EZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORMICK, CHARLES B.A. 6 CONNAUGHT PLAZA LONDON EN W2- 2EZ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Chris Knipping 6100 Old Park Lane Orlando, FL 32815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASALE, THOMAS V ROUTE 209 BUSHKILL PA 18324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Ryan Donovan 6100 Old Park Lane Orlando, FL 32815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WREN, SAM 6 CONNAUGHT PLACE LONDON, ENGLAND W2- 2-Z	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WORTHINGTON, W. ANDREW ROUTE 209 BUSHKILL PA 18324	<input type="checkbox"/> Delete	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: 			Thomas V. Casale, Secretary 2/10/06 (570) 588-6661		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/05)