
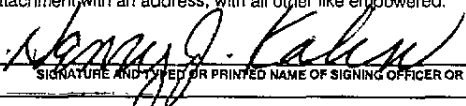


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |
|---|---|--|
| <b>DOCUMENT # P92000002231</b>  |   |                                   |
| 1. Entity Name<br>R GROUP INTERNATIONAL, INC.   |   |  |
| Principal Place of Business<br>2321 NW 66TH CT.<br>SUITE W4<br>GAINESVILLE, FL 32653 US   |   | Mailing Address<br>2321 NW 66TH CT.<br>SUITE W4<br>GAINESVILLE, FL 32653 US  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |
|   |   | 05022005 No Chg-P CR2E034 (10/03)  |
| 4. FEI Number<br>59-3149614   |   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent   |   |  |
| KAHN, HENRY J<br>7647 NW 36TH AVENUE<br>GAINESVILLE, FL 32606   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|   |   | UN00000359627<br>05/04/05-80161-019 150.00   |
| 10. OFFICERS AND DIRECTORS  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>KAHN, HENRY J<br>2321 NORTHWEST 66TH COURT S-W4<br>GAINESVILLE, FL 32653   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>KAHN, DARREN F<br>2321 NORTHWEST 66TH COURT S-W4<br>GAINESVILLE, FL 32653  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>KAHN, NOREEN J<br>2321 NORTHWEST 66TH COURT S-W4<br>GAINESVILLE, FL 32653 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   |   | Date _____<br>Daytime Phone # 352-378-3633   |