


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 049 ***158.75

DOCUMENT # P92000013129	
1. Entity Name R.N.S. ASSOCIATES, INC.	

Principal Place of Business 281 TROPICAL ISLES CIR FT PIERCE, FL 34982 US	Mailing Address 281 TROPICAL ISLES CIR FT PIERCE, FL 34982 US
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40014340



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 4140 NW 101 Drive Suite, Apt. #, etc.
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01242008 Chg-P CR2E034 (12/06)

City & State Coral Springs, FL	4. FEI Number 65-0375397	Applied For Not Applicable
Zip 33065-6606	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHACKET, NACHUM R 4140 NW 101 DRIVE CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent Name SHACKET, ROGER N Street Address (P.O. Box Number is Not Acceptable) 4140 NW 101 Drive City CORAL SPRINGS FL Zip Code 33065-6606

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 Nachum R. Shacket NACHUM R SHACKET 1-25-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHACKET, NACHUM R <input type="checkbox"/> Delete 4140 NW 101 RD CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHACKET, ELIZABETA G <input type="checkbox"/> Delete 4140 N.W. 101 DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHACKET, ROGER N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4140 NW 101 Drive CORAL SPRINGS, FL 33065-6606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roger N Shacket ROGER N SHACKET 1-25-2008 772-468-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #