2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013129

Entity Name: R.N.S. ASSOCIATES, INC.

FILED Apr 08, 2009 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
281 TROPICAL ISLES CIR FT PIERCE, FL 34982 US				4140 NW 101ST DRIVE CORAL SPRINGS, FL 330656606 US	
Current M	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
4140 NW POMPANO		330656606 US	4140 NW 101ST DRIV CORAL SPRINGS, FL		
FEI Number	: 65-0375397	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
4140 NW POMPANO	O BEACH, FL	330656606 US	nurnose of changing its registered	d office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its registered	d office of registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered Ac	gent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHACKET, RO 4140 NW 101		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHACKET, EL 4140 N.W. 10		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SHACKET PRES 04/08/2009