## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

				- Convotaver of Stat
DOCUN 1. Entity Name RWP, INC		34		Secretary of State
Principal Place 526 STOCKTO JACKSONVILL	ON ST.	Mailing Address 526 STOCKTON ST. JACKSONVILLE, FL 32204		
DO NOT WRITE IN THIS SPA		CE	01232007 No Chg-P GR2E034 (11/05)  4. FEI Number   Applied Far	
			59-3164168 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				
COLD, KATHLEEN ONE INDEPENDENT DRIVE			<b>X</b>	DO NOT WRITE
SUITE 2301 JACKSONVILLE, FL 32202				IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.			ncing \$5	5.00 May Be dided to Fees
10.	OFFICERS AND D	IRECTORS	-	
TITLE NAME STREET ADDRESS	PAINTER, ROGER W 526 STOCKTON ST.			
CITY-ST-ZIP	JACKSONVILLE, FL 32204 VP		-	U00000609131
NAME STREET ADDRESS City-SI-Zip	WHITEMAN, MICHAEL G 526 STOCKTON ST JACKSONVILLE, FL 32204			02/01/07-80038-016 150.00
TITLE	JACKSONVIELE, I E 32204		-	
NAME STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE
TITLE			-{	IN THIS SPACE
NAME STREET ADDRESS				III IIII OI AGE
CITY-SI-ZIP			-1	
NAME				
STREET ADDRESS CITY-ST-ZIP				
THILE				

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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/07 904-

904-388-2696 Dayuring Priorie #