2005 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT -Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # P93000018483 1. Entity Name RSRR, INC. Principal Place of Business Mailing Address 2 SOUTH ATLANTIC AVE. 2 SOUTH ATLANTIC AVE. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3172646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NASH, CHARLES I DO NOT WRITE 930 S. HARBOR CITY BLVD. STE 505 IN THIS SPACE MELBOURNE, FL 32901 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FISCHER, RUSSELL E. NAME STREET ADDRESS 2 S ATLANTIC AVE CITY-ST-ZIP COCOA BCH, FL TITLE T000000319912 NAME RAGLAND, CHARLES D. 04/21/05-80017-005 150.00 STREET ADDRESS 2 S ATLANTIC AVE CITY-ST-ZIP COÇOA BCH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #