

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

06 MAY 25 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057319					
1. Entity Name RESIDENTIAL MANAGEMENT CONCEPTS, INC.					
Principal Place of Business 4350 NW 19TH AVENUE SUITE B + C POMPANO BEACH FL 33064			Mailing Address P.O BOX 97-0069 BOCA RATON FL 33497-069 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PALOMBI, MARIE T 4350 NW 19 AVENUE SUITE C POMPANO BEACH FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 a the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 M Trust Fund Contribution. ☐ Added to F	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALOMBI, GARY 4350 NW 19 AVENUE SUITE C POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000537358 05/09/06-80015-006 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PALOMBI, MARIE T 4350 NW 19 AVENUE SUITE C POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000076538350 05/23/06-01054-011 75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: Marie Palombi
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 954-956 991
Date Daytime Phone #

5/31/06