2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P93000057319 | | | | | | | | |
|---|--|---------------------------------------|--------------------|--|--|--|-------------------------------|-----------------------------------|
| 1. Entity Name RESIDENTIAL MANAGEMENT CONCEPTS, INC. | | | | | 07 00T 12 AH 6:43 | | | L 3 |
| Principal Place of Business Mailing Address | | | | WO WY | | | 3.16 | 115 |
| 4350 NW 19TH | 1 AVENUE | P.O BOX 97-0069 | | | i | ZALASZS | SEC. FLOR | RIDA |
| SUITE B + C BOCA RATON, FL 33497-069 POMPANO BEACH, FL 33064 | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3, Mailing Address | | | | | | | | |
| 4 778 S. Military Trail | | | | 1 | | | | 0 0¦3 0 0 0 |
| Suite, Apt. #. | | Suite, Apt. #. etc. | | | | Chg-P | CR2E034 (1 | 12/06) |
| Deer fir | City & State | te | | | 4. FEI Number Applied 65-0444683 Not Ap | | | |
| Zip 72 1111 | Country | Zip Country | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 6. Name and Address of Current Registered Agent | | | | <u> </u> | 7. Name and A | Address of New F | | Required t |
| DAL OMBL M | AADIE D | ame | | | | | | |
| PALOMBI, MARIE P 4350 NW 19 AVENUE | | | | Street Address (R.O. Box Number is Not Acceptable) | | | | |
| SUITE C POMPANO BEACH, FL 33064 | | | | 11/18 5 (1) (1) (1) (1) | | | | |
| 7 011117 1110 1 | Ci | ity N | <u> </u> | 0 . | FI Z | Zin-Code, z | | |
| 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. Fam familiar with and accept | | | | | | | | |
| the obligations of registered agent. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | |
| 10. | OFFICERS AND C | | 11. | | ADDITIONS/C | HANGES TO OFF | | |
| | PALOMBI, GARY | ☐ Delete | TITLE NAME | | - 0 | | _ | Change |
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| HAME F | PALOMBI, MARIE 🏲 | NAME | 177. | 8 8.m. | litary : | | Ondings | |
| i , | | | | | eerliel | | | 33442) |
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| 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 eath; 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 altother tike empowered. | | | | | | | | |
| SIGNATURE: 10/9/07 426 0151 | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DITE. Daystime Phone V | | | | | | | | |