2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 08:00 AM **Secretary of State DOCUMENT # P94000012818** Entity Name RAPPLES, INC. Principal Place of Business Mailing Address **4073 SHORESIDE CIRCLE** 4073 SHORESIDE CIRCLE **TAMPA, FL 33624** TAMPA, FL 33624 02232006 No Chg-P CRZE034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2098697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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 reinstating) OFTE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS TITLE BROOKS, A.D. NAME STREET ADDRESS 4073 SHORESIDE CIRCLE CULA - 21 - 51 - 516 TAMPA, FL 33624 U00000468887 93/25/06-80007-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 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 anothers, with all after like empowered.

NAME STREET ADDRESS CHTY-ST-ZIP INLE NAME STREET ADDRESS CDY-ST-77P

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

011-44-1706 874-171

FILED

Daytime Phone #