


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

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|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P95000037490 1. Entity Name R.L.P. INC. |  |
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| Principal Place of Business 7 FOREST GROVE PLACE FORT WALTON BEACH, FL 32548 | Mailing Address 7 FOREST GROVE PLACE FORT WALTON BEACH, FL 32548 |
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08302006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3315502 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PAWLIK, RICHARD L JR 7 FOREST GROVE PLACE FORT WALTON BEACH, FL 32548 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAWLIK, RICHARD L JR 7 FOREST GROVE PLACE FORT WALTON BEACH, FL 32548 |
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09/05/06-80004-003 158.75

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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 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.

SIGNATURE:  **8-30-06** **850-598-0241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #