## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P95000049998 02-27-2006 90055 046 \*\*\*150.00 RVU PROPERTIES, INC. Principal Place of Business Mailing Address 40018629 688 PONTE VEDRA BLVD. PO BOX 550761 PONTE VEDRA BEACH, FL 32082 JACKSONVILLE, FL 32255 US 2. Principal Place of Business 3. Mailing Address P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State 59-3324186 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETROU, PAMELA Street Address (P.O. Box Number is Not Acceptable) 688 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 City 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent a:gnature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDS Delete Addition TITLE TITLE Change PETROU, PAMELA NAME NAME STREET ADDRESS 688 PONTE VERDA BLVD STREET ADDRESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. /EiQ tamela

**FILED** 

Daytime Phone #