


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

001573 AV

DOCUMENT # P95000072021	
1. Entity Name RAPID RETRIEVAL, INC.	

FILED
03 DEC 31 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 505 WAKIVA SPRINGS RD. 500 LONGWOOD FL 32779	Mailing Address 505 WAKIVA SPRINGS RD. 500 LONGWOOD FL 32779
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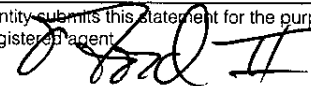


2. Principal Place of Business 994 Lake Destiny Road Suite 102 Altamonte Springs, FL 32714 USA	3. Mailing Address 994 Lake Destiny Road Suite 102 Altamonte Springs FL 32714 USA
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REINSTATEMENT	
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	03
4. FEI Number 59-3381474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JURGENS, J.A. 505 WAKIVA SPRINGS RD. SUITE 800 LONGWOOD FL 32779	
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7. Name and Address of New Registered Agent Name Albert E Ford II Esq Street Address (P.O. Box Number is Not Acceptable) 994 Lake Destiny Road Suite 102 Altamonte Springs FL 32714	
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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 	DATE 12/17/03
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, MARK R C/O J.A. JURGENS-505 WEKIVA SPGS RD #800 LONGWOOD FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARSON, LEE ANN C/O J.A. JURGENS-505 WEKIVA SPGS RD #800 LONGWOOD FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, MARK R 40 AL FORD II, 994 Lake Destiny Rd Suite 102 Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE ANN CARSON 50 AL FORD II, 994 Lake Destiny Rd Suite 102 Altamonte Springs FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200026912912 01/14/04--01025--021 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: 	12-1-03	407-234-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR2E034 (4/03)