

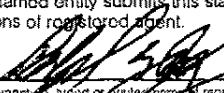
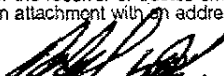



FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000073318				Feb 02, 2007 08:00 AM	
1. Entity Name RJGE, INC.				Secretary of State	
Principal Place of Business 27001 US HWY 19N 2008 CLEARWATER FL 33761 US		Mailing Address 27001 US HWY 19N 2008 CLEARWATER FL 33761 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0614060	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUDY, RALPH E 27000 US HWY 19N STE 2008 CLEARWATER FL 34621				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME JUDY, RALPH E STREET ADDRESS 2903 DEER HOUND WAY CITY - ST - ZIP PALM HARBOR FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP 100000617046 02/07/07-80059-010 150.00		
TITLE <input type="checkbox"/> Delete NAME JUDY, OMA C STREET ADDRESS 2903 DEER HOUND WAY CITY - ST - ZIP PALM HARBOR FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JUDY, RALPH E. JON  REC. 1/30/07					