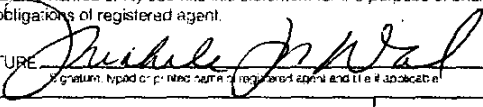
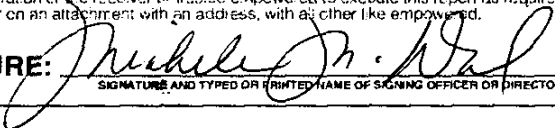


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90303 036 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000026254					
1. Entity Name R.M.F. FRAMING, INC.					
Principal Place of Business 4109 CANNON CT KISSIMMEE, FL 34746			Mailing Address 4109 CANNON CT KISSIMMEE, FL 34746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3352307	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WARD, MICHELE M 4148 BALD EAGLE DR. KISSIMMEE, FL 34746		Name Michele M. WARD Street Address (P.O. Box Number is Not Acceptable) 4109 Cannon Ct City Kissimmee FL Zip Code 34746			
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 4-14-05					
9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PTV ☐ Delete					
NAME WARD, MICHELE M					
STREET ADDRESS 24109 CANNON CT					
CITY-STATE-ZIP KISSIMMEE, FL 34746					
TITLE SD ☐ Delete					
NAME WARD, MICHELE M					
STREET ADDRESS 4109 CANNON CT					
CITY-STATE-ZIP KISSIMMEE, FL 34746					
TITLE ☐ Delete					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE ☐ Delete					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE ☐ Delete					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE ☐ Delete					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  DATE 4-14-05 SIGNATURE 4079449976					