

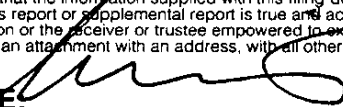


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90023 025 ***150.00

DOCUMENT # P97000021422 1. Entity Name RANCH 19 CORP.					
Principal Place of Business 265 BAYSIDE DR CLEARWATER BEACH, FL 33767 US				Mailing Address 265 BAYSIDE DR CLEARWATER BEACH, FL 33767 US	
2. Principal Place of Business 605 Palm Boulevard Suite, Apt. #, etc. Suite B		3. Mailing Address 605 Palm Boulevard Suite, Apt. #, etc. Suite B			
City & State Dunedin, FL		City & State Dunedin, FL		4. FEI Number 59-3435087	
Zip 34698		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIMPTON, WILLIAM J 265 BAYSIDE DR CLEARWATER BEACH, FL 33767				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 605 Palm Boulevard Suite B City Dunedin FL Zip Code 34698	
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 <u>William J. Kimpton</u> 1/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KIMPTON, WILLIAM J 265 BAYSIDE DR CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	605 Palm Boulevard, Suite B Dunedin, FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  William J. Kimpton, Pres. 1/6/06 (727)733-7500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					