2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **ANNUAL REPORT** Apr 21, 2008 08:00 A Secretary of State **DOCUMENT #P97000043859** 1. Entity Name R.R.N. CORPORATION Principal Place of Business Mailing Address 1201 WAYNE LANE NE 1201 WAYNE LANE NE PALM BAY, FL 32905 PALM BAY, FL 32905 CR2E034 (11/05) 01312008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3448365 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NEMETH, VICKI L. 1201 WAYNE LANE NE PALM BAY, FL 32905 IN THIS SPACE 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 signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees U000000912031 05/07/08-80063-022 150.00 OFFICERS AND DIRECTORS 10. DP TITLE NAME NEMETH, DALE R 1201 WAYNE LANE NE STREET ADDRESS PALM BAY, FL 32905 CITY-ST-ZIP DVST NAME NEMETH, VICKI L STREET ADDRESS 1201 WAYNE LANE NE CITY-ST-ZIP PALM BAY, FL 32905 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CFTY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HONGE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

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