2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P97000047004 04-18-2005 90326 020 ***150.00 1. Entity Name R P M LIMITED, INC. 50037731 Principal Place of Business Mailing Address 301A MEARS BLVD PO BOX 152779 OLDSMAR, FL 34677 US TAMPA, FL 33684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3450439 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, BILL M Street Address (P.O. Box Number is Not Acceptable) 550 N REO ST SUITE 300 TAMPA, FL 33609-1013 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DV TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOWE, PETER MANIE 303 WOODWARD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Delete TITLE TITLE __ Change ☐ Addition NAME- -HOWE-MARK-ÑAME 508 PINE AVE S STREET ADDRESS STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP CITY-ST-7IP DST TITLE ☐ Delete ☐ Change TITLE Addition HOWE, ANN NAME NAME STREET ADDRESS 203 CORKWOOD LANE STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP TITL F ☐ Delete TIΠ F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME

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 of purplemental 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 a target east, with all other like empowered.

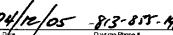
STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED