## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 08:00 AM DOCUMENT # P97000049386 Secretary of State 1. Entity Name R.A.G.TIME COMMUNICATIONS, INC. Mailing Address Principal Place of Business 11838 ISLAND LAKES LANE 11838 ISLAND LAKES LANE **BOCA RATON, FL 33498** BOCA RATON, FL 33498 No Chg-P CR2E034 (11/05) 04082008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied i 65-0761945 Not App \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent GROSSMAN, ROBERT A DO NOT WRITE 11838 ISLAND LAKE LANE BOCA RATON, FL 33498 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 ethe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000529463 05/05/06-80076-012 150.00 MILE. GROSSMAN, ROBERT A NAME 11838 ISLAND LAKE LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 TOTE F NAME GROSSMAN, SHERRY STREET ADDRESS 11838 ISLAND LAKE LANE CITY-ST-ZIP BOCA RATON, FL 33493 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-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 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 and on an attachment with any activess, with all other like empowered.

SIGNATURE: X

NAME STREET ADDRESS

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**FILED**