


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 012 ***150.00

DOCUMENT # 99700000107365	
1. Entity Name RR10S Design, Inc	

DO NOT WRITE IN THIS SPACE

40084889

2. Principal Place of Business 269 San Juan Ave		3. Mailing Address P.O. Box 2668	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa Bch, FL	City & State Waynesville, NC		
Zip 32459	Country US	Zip 28713	Country U.S.

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 593485277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name GARY A. SHIPMAN, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 5399 East County Hwy C-30A	
Unit # Unit 8	
City Santa Rosa Bch, FL	Zip Code 32459

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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.P. Sec & Treasury (all positions) Cindy H. Rio's 269 San Juan Ave Santa Rosa Bch, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy H. Rio, P.V.P. Sec, Treas.	Date: 4/24/07	Daytime Phone #: 828-788-1518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		