


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90019 033 ***150.00

DOCUMENT # P98000050515 1. Entity Name RSS LABORATORIES, INC.	
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Principal Place of Business 1040 S. FEDERAL HWY., SUITE 100 DELRAY BCH, FL 33483	Mailing Address 1040 S. FEDERAL HWY., SUITE 100 DELRAY BCH, FL 33483
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2. Principal Place of Business 601 N. CONGRESS AVE Suite, Apt. #, etc. 608	3. Mailing Address 601 N. CONGRESS AVE Suite, Apt. #, etc. 608
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City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33445	Country USA
Zip 33445	Country USA

00010036



03152006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0864490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCNEAL, KENT 1040 S. FEDERAL HWY., SUITE 100 DELRAY BCH, FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 N. CONGRESS AVE, 608 City DELRAY BEACH FL Zip Code 33445
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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 Kent McNeal DATE 3/15/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEAL, KENT 1040 S. FEDERAL HWY., SUITE 100 DELRAY BCH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. CONGRESS AVE, 608 DELRAY BEACH, FL 33445
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Kent McNeal DATE 3/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #