2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P98000054205 1. Entity Name RLH MANAGEMENT, INC.								05-01-200	06 90478	030 ***	150.00
Principal Plac	e of Business		Mailing Address								
2271 BACOM POINT RD.				2271 BACOM POINT RD. PAHOKEE, FL 33476						1767	
2. Principal P	Place of Busine	SS	3. Mailing Address								
								ILME INIKI WAZU NUKI KUII			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04202006	Chg-P	CR2E03	4 (11/05)	
City & Stat	e		City & State	City & State			4. FEI Number 65-0846	885		- 1	oplied For at Applicable
Zip	Zip Country		Zip	Country			5. Certificate of			8.75 Add	ditional
	6. Name a	nd Address of Curren	t Registered Agent	L			7. Name and A	ddress of New Re		ee Require	<u> </u>
1147701	D				Name				<u> </u>	,	
HATTON, 2271 BAC	R.L. M.D. OM POINT	RD.			Street Address (P.O. Box Number is Not Acceptable)						
PAHOKEE	F, FL 33476	5									
					City					Zip Cod	<u> </u>
9 The shows	named ontitue	nu hanita this statement f	as the automate of the action is		1				FL	1 '	
the obligat	ions of register	red agent.	or the purpose of changing its	s registeri	ea onice o	r registere	ed agent, or both,	in the State of Flo	rida. Tam fa	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		participation of agent	TOTAL BLOWN APPLICATION OF THE PROPERTY OF THE	ic. negisiere	o võnu siõus	rore rectured	when reinstating)		DATE		
FIL After Ma	E NOW!!! F ay 1, 2006	FEE IS \$150.00 Fee will be \$550	9. Election Campa Trust Fund Con		icing 🗆		00 May Be ed to Fees				
10.	DP	OFFICERS AND		11.			ADDITIONS/C	IANGES TO OFFI			S IN 11
TITLE NAME	HATTON, F	R.L. M.D.	☐ Delete	TITLE NAM						☐ Change	Addition
STREET ADDRESS		M POINT RD.		STRE	ET ADDRESS						
CITY-ST-ZIP	PAHOKEE,	FL 33476		_	ST-ZIP	ļ					
TITLE NAME	DS HATTON, M	MARIAN	☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	1	N POINT RD			Et address						
CITY-ST-ZIP	PAHOKEE,	FL 33476		CITY	ST-ZIP		****				
TITLE NAME			☐ Delete	TITLE	_	DT	auch Carl			☐ Change	Addition
STREET ADDRESS				NAM STRE	: et address	MCA	PHYTORE	dan st.			
CITY-ST-ZIP					ST-ZIP	Ind	Bush Cale Law Mor lantown, 1	2.34956			
TITLE			☐ Delete	TITLE			·····			Change	☐ Addition
NAME STREET ADDRESS				NAM	ET ADDRESS						
CITY-ST-ZIP					ST-ZIP						
TITLE			☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS				NAMI							
CITY-ST-ZIP					ET ADDRESS ST-ZIP						
TITLE			☐ Delete	TITLE			. <u> </u>			☐ Change	Addition
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
12. Thereby c	ertify that the i	nformation supplied wit	h this filing does not qualify for	or the eve	mntions o	ontained	in Chanter 119 F	Inrida Statutes 11	further certifi	that the ic	formation
of the corp	poration or the	receiver or trustee emp	s true and accurate and that bowered to execute this repor- with all other like empowered	my signat t as requii	ure shall r	ave ine s	ame legal effect a	e if made under a	ath: that I an	an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF AGNING OFFICER OR DIRECTOR Date Date Claylime Phone 4	SIGNATURE:	ada boun Conly	Ada Bush Conley	4-21-86	561-924-5651
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date	Daytime Phone #