2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P98000066885 1. Entity Name 03-01-2006 90009 027 ***150.00 RYDBERG ENTERPRISES, INC. Principal Place of Business Mailing Address 2801 SARENTO PLACE 2801 SARENTO PLACE APT. #201 APT. #201 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 3. Mailing Address /// //A MARIPOSA 2. Principal Place of Business III VIA MARIPOSA uite, Apt. #, etc. 02252006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 33418 33418 59-3528011 Not Applicable 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 ROSENKRANCE, GARTH E CPA Street Address (P.Q. Box Number is Not Acceptable) 2700 PGA BLVD. **SUITE 203** PALM BEACH GARDENS, FL 33410 SUITE 215 CITY SUPITER ^{zi}\$3458 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE RYDBERG, HARRY B MR. NAME NAME III VIA MARIPOSA STREET ADDRESS 2801 SARENTO PLACE, APT. #201 STREET ADDRESS PALM BEACH GARDEUS FL. 33418 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 CITY-ST-ZIP IIILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME STREET ABDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7TP CITY-ST-ZIP ME ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trusted echanged, or on an attachment with appearing. this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

FILED

Mar 01, 2006 8:00 am