## 2006 FOR PROFIT CORPORATION

changed, or on an attachme

SIGNATURE:X

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000076401 05-04-2006 90200 032 \*\*\*150 00 RUTHENBERG HOLDINGS, INC. Principal Place of Business Mailing Address գսսենում 10426 RAINBOW RIDGE CT. 10426 RAINBOW RIDGE CT. BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3530295 Not Applicable Zip Country Country Zip \$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 --RUTHENBURG, PATRICIA F. RUTHENBERG, DOUGLAS A 10426 RAINBOW RIDGE CT. 150426 RAINBOW RIDGE COURT BROOKSVILLE, FL 34613 <sup>7</sup>34613 BROOKSVILLE 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE X Delete TITLE ☐ Change Addition NAME RUTHENBERG, DOUGLAS A NAME 10426 RAINBOW RIDGE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34613 CITY-ST-ZIP K) Change Delete TITLE D/P/S/T Addition TITLE RUTHERBERG, PATRICIA F NAME NAME 10426 RAINBOW RIDGE CT. STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL 34613 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition YOUNG, DENISE D NAME NAME 10426 RAINBOW RIDGE CT. STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL 34613 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 occupate 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 receiper of 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

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