## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # V68852  1. Entity Name R.R. TRADING POST, INC.					02-05-2007	ary O1 7 90123 025		
RIVER RANCH, FL 33867 US			US					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address /362 Harbor View Was + /362 Harbor View			wwwst					
Suite, Apt. #, etc. Suite, Apt. #, etc.				01312007	Chg-P	CR2E034 (	12/06)	
City & State Hollywood, Fl Hollywood,			FI	4. FEI Numb 59-314				Applicable
33019	7 Broward		ountry Country	5. Certificate	of Status Desired		.75 Addi Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New I	Registered Ager	nt	
DIETRICH, RICHARD N. 3200 RIVER RANCH RD ; SUITE 262 -PO BOX 30200- RIVER RANCH, FL 33867			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
					<del></del>	*****		
			City			FL	Zip Code	
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 legistered agent.  Signature, typed of printed name of registered agent and time if applicable. (NOTE: Registered Agent agreed when renetating)  DATE								
	E NOWII! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.			5.00 May Be				
10.	OFFICERS AND	DIRECTORS  Delete	IIILE		CHANGES TO OF			IN 11 ☐ Addition
NAME STREET ADORESS	DIETRICH, RICHARD 3200 RIVER RANCH RD, SUITE	NAME STREET ADDRESS 13	Richard M. Dietrick Change Addition  RESS 1362 Harbor View West  Hollywood, Fl 33019					
CTTY-ST-ZIP	R <del>IVER ROAD, FL 33867</del> VP	☐ Delete	CITY-ST-ZIP	6 //ywo	od, FI	330/9	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DIETRICH, KIRK 3200 RIVER RANCH RD; SUITE		NAME STREET ADDRESS CITY-ST-ZIP				, onesign	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HELD, ASHLYN 3200 RIVER RANCH ROAD; SU RIVER RANCH, FL 33867	TITLE NAME STREET ADDRESS CITY-SI-ZIP				] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-BP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emy , or on an attachment with an address	is true and accurate and that my sopposed to execute this report as a wife at other like empowered.	signature shall have the coursed by Chapter 6	ne same legal effe	ct as if made under	roath; that I am : ne appears in Bi	an officer lock 10 or	or director
1	SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICER OR I	DEFECTOR		Date	Deytor	ne Phone #	