2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM **Secretary of State**

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1. Entity Name

RICH INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

400 S. US HIGHWAY ONE SUITE #4 JUPITER, FL 33477

400 S. US HIGHWAY ONE

SUITE #4

JUPITER, FL 33477



DO NOT WRITE IN THIS SPACE

01152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0360915

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CULLIFER, RICHARD H 8745 S.E. COMPASS ISLAND WAY JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registered	office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title	l applicable (NOTE: Registered Ag	ent signature i	required when reinstating)	DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CULLIFER, RICHARD H 8745 S.E. COMPASS ISLAND WAY JUPITER, FL 33458		U00000590200					
TITLE NAME STREET ADDRESS CHY-ST-ZIP					01/Ĭ8̃/Õ7̃-8õõ̃4̃4-007 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-SI-ZIP		741		-				

12. Thereby 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 true 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 oddrog with all plus fike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRIJ

TED NAME OF SIGNING OFFICER OR DIRECTOR