


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90076 004 \*\*\*158.75

**DOCUMENT # F94000000978**

1. Entity Name  
 RPS MANAGEMENT COMPANY, INC.



Principal Place of Business  
 818 W. BROOKS AVE.  
 NORTH LAS VEGAS, NV 89030

Mailing Address  
 818 W. BROOKS AVE.  
 NORTH LAS VEGAS, NV 89030

**50018309**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**33-0601404**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PUTNAM, PAULA  
 621 NW 2ND STREET  
 OCALA, FL 34475

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BIRD, ALLAN S	
STREET ADDRESS	818 W. BROOKS AVE.	
CITY - ST - ZIP	NORTH LAS VEGAS, NV 89030	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, JOSHUA D	
STREET ADDRESS	818 W. BROOKS AVE.	
CITY - ST - ZIP	NORTH LAS VEGAS, NV 89030	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITE, CLARK E	
STREET ADDRESS	818 WEST BROOKS AVENUE	
CITY - ST - ZIP	NORTH LAS VEGAS, NV 89030	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GREEN, PATRICIA M	
STREET ADDRESS	818 W. BROOKS AVE.	
CITY - ST - ZIP	NORTH LAS VEGAS, NV 89030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, E. Clark	
STREET ADDRESS	818 W. Brooks Ave	
CITY - ST - ZIP	N. Las Vegas, NV 89030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia M. Green* February 10, 2005 (702) 315-5196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #