ATTACHMENT 1 of 2

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 SEP 11 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000029086

1. Entity Name
R.P.S. CONTRACTING, INC.

09082008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2841 S.W. 152 CT. MIAMI, FL 33185 US	2063 SW 195 AVE MIRAMAR, FL 33029 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6525 N.W. 12 ct.	6525 N.W. 12 ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIA, FL.	City & State: MIA, FL
Zip: 33147 Country: DADE	Zip: 33147 Country: DADE

4. FEI Number 27-0050645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNS, RANDY D
2841 S.W. 152 CT.
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name: RANDY D. DOWNS
Street Address (P.O. Box Number is Not Acceptable): 6525 NW. 12 ct.
City: MIA, FL. FL Zip Code: 33147

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: RANDY D. DOWNS [signature] 9-8-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOWNS, RANDY D ~~2841 SW 152 CT~~ ~~MIAMI FL 33185~~ ☒ ~~Delete~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ ~~Change~~ ☐ Addition PRESIDENT RANDY D. DOWNS 6525 N.W. 12 ct. MIA, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DOWNS, EDWARD J 2063 SW 195 AVE MIRAMAR, FL 33029 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700013596302 7 09/16/08--01019--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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 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: [signature] 9-8-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS

9-8-2008

DEAR, SIR - MADAM
(OLD BUSINESS ADDRESSES WERE FORECLOSED)
I ALSO CALLED the Dept,
AND EXPLAINED I NEVER
Received Annual Reports
Form (2 WEEKS AGO) ←
I WAS NOT present
IN Hospital & Out. —
the EXAMINER told me
they would give MORE
filing time AND I would
HAVE too PAY $150.00
the other CHARGES were
WAIVED. SINCERELY
Randy Howe
President