2007 FOR PROFIT CORPORATION ANNUAL RE⊋ORT (AR)

SIGNATURE: Marlene Huler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P93000022465 1. Entity Name RABBITS UNLIMITED, INC.							Jan 29, 2007 08:00 AM Secretary of State				
Principal Place of Business 22000 SW 258TH ST SUITE 25 HOMESTEAD FL 33031 US 2. Principal Place of Business - No P.O. Box #			ng Address 00 SW 258TH ST TE 25 MESTEAD FL 3303		G Canadamananananananananananananananananan						
Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc.				st MOORE	CR2E034	(10/06)		
City & State			City & State			4. FEI Numi	^{oer} 65-309729	00		Applied For	
Zip	Zip Country		Zip Cou		ıtry	5. Certificat	Not Applicable S. Cortificate of Status Desired				
	ed Agent			7. Name an	d Address of New F	legistered /	<u>`</u> _				
HUBER, MARLENE 22000 S.W. 258TH STREET HOMESTEAD FL 33031-1416					Name Street Address (P.O. Box Number is Not Acceptable)						
					City		<u> </u>	FL	Zip Co	ode	
8. The above the obligat	e named entity submits this stations of registered agent. Marken Penel Signature, typed or printed name of regis	Huber	c ow	NeR			oth, in the State of Fl			h, and accept	
After	ILE NOW!!! FEE IS \$150 May 1, 2007 Fee Will Be k Payable to Florida Depar	\$550,00			- :	······································	9. Election Camp. Trust Fund Cor	-	_	5.00 May Be ded to Fees	
10. IMIL NAME SIRCET ADDRESS CITY-ST-ZIP	P HUBER, MARLENE 22000 SW 258TH ST HOMESTEAD FL	RS AND DIRECTO	Delete	•	l.	ADDITIONS	U000006 01/31/07-8		Change	Addition	
NAMI STREET ADDRESS CITY ST-ZIP			☐ Delete	1	1				Change	Addillog	
THEE I ADDRESS CITY-SI-74P			☐ Delele		ţ				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete		1				☐ Change	☐ Addillon	
THILE NAMI SIPLET ADDRESS CITY-ST-ZIP			☐ Delete	•	,				Change	Addillon	
TIBLE NAME STREET ADDRESS CITY ST-71P			□ Delete		EY ADERESS 51 - ZIP				☐ Change	☐ Addillion	
indicated of the cor	certify that the information sup on this report or supplemental poration or the receiver or true d, or on an attachment with a	l report is true and stee empowered to	accurate and that no execute this repor	ny signat t as requ	emptions contain ure shall have the dired by Chapter	ned in Section 11 e same legal effe 607, Florida Statu	9, Florida Statutes. I ct as if made under ites; and that my nar	further cert oath; that I a ne appears	tify that the am an office in Block 10	information or or director or Block 11	

FILED

1-26-67 3-5-248-2966

Date Dayline Phone #