

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                 |                                                                           |                                                                                                                                      |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # H16261</b><br>1. Entity Name<br><b>ROBERT DOWLING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                 |                                                                           |                                                     |                                                              |
| Principal Place of Business<br><b>1185 WEST SR 436<br/>ALTAMONTE SPRINGS FL 32714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                 | Mailing Address<br><b>1185 WEST SR 436<br/>ALTAMONTE SPRINGS FL 32714</b> |                                                                                                                                      |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |                                                                                                                                      |                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                 | City & State                                                              |                                                                                                                                      |                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Country                         |                                                                           | 4. FEI Number <b>59-2441143</b>                                                                                                      |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                 |                                                                           | Applied For<br>Not Applicable                                                                                                        |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>DOWLING, ROBERT M.<br/>1185 WEST SR 436<br/>ALTAMONTE SPRINGS FL 32714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                 |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                 |                                                                           |                                                                                                                                      |                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                 |                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |                                                                                                                                      |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>DOWLING, ROBERT M<br>1185 WEST SR 436<br>ALTAMONTE SPRINGS FL | <input type="checkbox"/> Delete |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | U00000479852<br>04/10/06-80019-018 150.00                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | <input type="checkbox"/> Delete |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | <input type="checkbox"/> Delete |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | <input type="checkbox"/> Delete |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | <input type="checkbox"/> Delete |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | <input type="checkbox"/> Delete |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Robert M. Dowling</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                 |                                                                           | 3/2/06 407-867-1717                                                                                                                  |                                                              |