


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90318 044 \*\*\*150.00

**DOCUMENT # P03000091175**

1. Entity Name  
**RETAIL BUSINESS DEVELOPMENT, INC.**



Principal Place of Business      Mailing Address

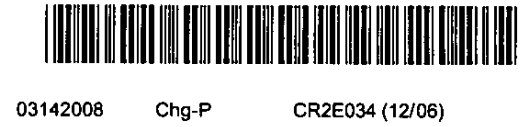
**7378 W. ATLANTIC BLVD.**      **7378 W. ATLANTIC BLVD.**  
**#228**      **#228**  
**MARGATE, FL 33063 US**      **MARGATE, FL 33063 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**800 S. Andrews Ave**      **800 S. Andrews Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**202**      **202**

City & State      City & State

**Fort Lauderdale, FL**      **Fort Lauderdale, FL**  
 Zip      Country      Zip      Country  
**33316**      **USA**      **33316**      **USA**



6. Name and Address of Current Registered Agent

**GIBBS, B. GRAY**  
**100 SECOND AVENUE SOUTH**  
**101-S**  
**ST. PETERSBURG, FL 33701**

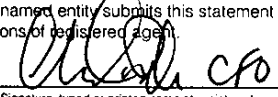
4. FEI Number      Applied For

**75-3143940**       Not Applicable

7. Name and Address of New Registered Agent

Name: **Retail Business Holdings**  
 Street Address (P.O. Box Number is Not Acceptable):  
**800 S. Andrews Ave #202**  
 City: **Fort Lauderdale**      State: **FL**      Zip Code: **33316**

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:  CFO      DATE: **4/20/08**

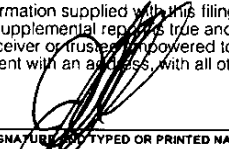
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	<b>P</b> <b>RALPH, JAMES</b> <b>7378 W. ATLANTIC BLVD. #228</b> <b>MARGATE, FL 33063</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Ralph James</b> <b>800 S. Andrews Ave #202</b> <b>Fort Lauderdale, FL 33316</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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:       DATE: **4/20/08**      DAYTIME PHONE #: **(954) 302-7797**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #