


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # 854180</b> 1. Entity Name <b>THE ROBINS CORPORATION</b>	
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Principal Place of Business <b>400 SHADES CREEK PWY SUITE 200 BIRMINGHAM, AL 35209 US</b>	Mailing Address <b>P.O BOX 59289 BIRMINGHAM, AL 35259 US</b>
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04102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>63-0691152</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000916346 05/12/08-80025-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MORTON, BILL 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO MORTON, BARRY 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP GAMBRELL, ROBERT 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, DOUG 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLTON, TOM 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRETZ, BART 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209</b>

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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.	
<b>SIGNATURE:</b> <u>Bill Morton</u> <b>Bill Morton, President</b> <u>4/15/08</u> <u>(205) 870-1000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	