2007 FOR PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2007 90420 027 ***158.75 DOCUMENT # F03000005734 1. Entity Name RC/PB, INC. 40089640 Mailing Address Principal Place of Business 100 SOUTH OCEAN BLVD. 2500 VENTURE OAKS WAY, STE. 175 SACRAMENTO, CA 95833 MANALAPAN, FL 33462 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 71-0955691 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T.CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL8. 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Change Addition THLE D LEWIS, JULIAN NAME NAME STREET ADDRESS STRLET ADDRESS **CHELSEA HOUSE** CITY-ST-7IP CITY-ST-ZIP WEST GATE LONDON W5 1DR, ☐ Change Addition ☐ Delete TITLE TITLE LEWIS, PAUL NAME NAME CHELSEA HOUSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST GATE LONDON W5 1DR, CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition LEWIS, SIMON NAME NAME STREET ADDRESS **CHELSEA HOUSE** STREET ADDRESS CITY-S1-7/P CITY-ST-ZIP WEST GATE LONDON W5 1DR, ☐ Addition HITLE ☐ Change Delete TITLE LEWIS, MARK NAME NAME STREET ADDRESS **CHELSEA HOUSE** STREET ADDRESS WEST GATE LONDON W5 1DR, CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change TITLE ☐ Delete TITLE HILL, EVA H NAME NAME 2500 VENTURE OAKS WAY, STE 175 STREET AUDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP SACRAMENTO, CA 95833 Change ☐ Addition ☐ Delete MLE TITLE ISHERWOOD, MICHAEL L NAME 2500 VENTURE OAKS WAY, STE 175 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SACRAMENTO, CA 95833

12. I hereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

916.263.0222

FILED

Daytime Phone 4