2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005734

Entity Name: RC/PB, INC.

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
100 SOUTH OCEAN BLVD. MANALAPAN, FL 33462					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2500 VENTURE OAKS WAY, STE. 175 SACRAMENTO, CA 95833					
FEI Number: 7	71-0955691	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
Election Cam		c Signature of Registered Agent Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D () I LEWIS, JULIAN CHELSEA HOUS WEST GATE LO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LEWIS, PAUL CHELSEA HOUS WEST GATE LO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LEWIS, SIMON CHELSEA HOUS WEST GATE LO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LEWIS, MARK CHELSEA HOUS WEST GATE LO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HILL, EVA H	Oelete OAKS WAY, STE 175 CA 95833	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ISHERWOOD, M	OAKS WAY, STE 175	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ISHERWOOD S 01/22/2009