DOCUMENT # F04000001444

1. Entity Name RBM CONSULTING, INC.



Principal Place of Business

12275 SE WOILLARD AVENUE HOBE SOUND, FL 33455 Mailing Address

12275 SE WOILLARD AVENUE HOBE SOUND, FL 33455

FILED Jun 16, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

05202008 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1517577 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, RICHARD B 12275 SE WOILLARD AVENUE HOBE SOUND, FL 33455 DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the ptions of registered agent.	purpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and acce	pt
SIGNATURE.	: 					
	Signature, typed or printed name of registered agent and title	if applicable (NOTE Register	ed Agent signature	required when reinstating)	DATE	
•	· 	-9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.)
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·	* 1
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12. I hereby certify that the information supplied with this thing 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 russ belong the report of the corporation or the receiver or russ belong to the receiver of the corporation or the receiver or russ belong to one 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-08 172-546-354

Daytime Phone #