2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30976

Entity Name: R.C. PROPERTIES INC.

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1602 MICANOPY AVE.

COCONUT GROVE, FL 33133 US

Current Mailing Address: New Mailing Address:

1602 MICANOPY AVE.

COCONUT GROVE, FL 33133 US

FEI Number: 59-2306189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOCHET, IRA SOCHET, IRA

1602 MICÁNOPY AVE. 1602 MICÁNOPY AVE

COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 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: IRA SOCHET 01/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C () Delete Title: C (X) Change () Addition

 Name:
 SOCHET, IRA,
 Name:
 SOCHET, IRA

 Address:
 1602 MICANOPY AVE.
 Address:
 1602 MICANOPY AVE.

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:
 COCONUT GROVE, FL 33133

Title: P () Delete Title: () Change () Addition

 Name:
 LUPO, WILLIAM
 Name:

 Address:
 8606 BOULDER COURT
 Address:

 City-St-Zip:
 TAMPA, FL 33615
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 WINGO, TOMAS
 Name:
 WINGO, THOMAS O

 Address:
 8606 BOULDER COURT
 Address:
 8606 BOULDER COURT

 City-St-Zip:
 TAMPA, FL 33615
 City-St-Zip:
 TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS O. WINGO, JR. CFO 01/12/2006