
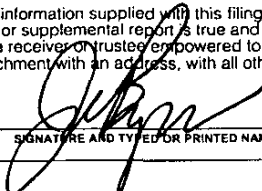


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F73159 1. Entity Name RBI ENTERPRISES, INC.				FILED 06 APR 19 PM 2:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3781 SAN JOSE PLACE SUITE 27 JACKSONVILLE, FL 32257 US		Mailing Address 3781 SAN JOSE PLACE SUITE 27 JACKSONVILLE, FL 32257 US			
2. Principal Place of Business 3100 S.E. Bedford Drive		3. Mailing Address 3100 S.E. Bedford Drive		04012006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. FEI Number 65-0117535	
City & State STUART, FL.		City & State STUART, FL.		Applied For <input type="checkbox"/> Not Applicable	
Zip 34997		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BYERS, JAMES C 3100 SE BEDFORD DR STUART, FL 34997		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 		JAMES C. Byers, President		4-10-06 DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYERS, JAMES C 3100 SE BEDFORD DR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JAMES C. Byers 3100 S.E. Bedford Drive STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEHRMANN, WALTER A 3781 SANJOSE PL STE 27 JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Julie E. Byers 3100 S.E. Bedford Drive STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 		JAMES C. Byers		4-10-06 772-781-1117 Date Daytime Phone #	