

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 037 ***150.00

DOCUMENT # F99000006317
 1. Entity Name
ROYAL BUYING GROUP, INC.



Principal Place of Business Mailing Address
12 SALT CREEK LANE **12 SALT CREEK LANE**
SUITE 450 **SUITE 450**
HINSDALE, IL 60521 US **HINSDALE, IL 60521 US**

50065164



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

08172005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
36-4028848 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing 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 DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIELINSKI, MICHAEL E	
STREET ADDRESS	18453 RIDGEWOOD AVE.	
CITY-ST-ZIP	LANSING, IL 60438	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GMEINER, MARTY	
STREET ADDRESS	435 N. MADISON ST	
CITY-ST-ZIP	HINSDALE, IL 60521	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HILL, MARK	
STREET ADDRESS	11 S. O12 MADISON	
CITY-ST-ZIP	BURR RIDGE, IL 60521	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAZOWSKY, ROBERT	
STREET ADDRESS	344 WOODLAND RD	
CITY-ST-ZIP	HIGHLAND PARK, IL 60035	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUCKNISS, ROBERT	
STREET ADDRESS	35 E. SANDPIPER LANE	
CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUTTSLOFF, WILLIAM	
STREET ADDRESS	1923 MISSION HILL LANE	
CITY-ST-ZIP	NORTHBROOK, IL 60062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4912 WALLBANK AVE
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4209 WYTHE LANE
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: *Michael E. Zielinski* Date: 8/17/05 Daytime Phone #: 630 986 5416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. ZIELINSKI, PRES/CEO