


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90042 048 \*\*\*158.75

<b>DOCUMENT # H63849</b>	
1. Entity Name <b>RINK DESIGN PARTNERSHIP, INC.</b>	

Principal Place of Business <b>1301 RIVERPLACE BLVD. SUITE 500 JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>1301 RIVERPLACE BLVD. SUITE 500 JACKSONVILLE, FL 32207 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	Country
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01132006 Chg-P. CR2E034 (11/05)

4. FEI Number <b>59-2584959</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MARLOW, STACEY 1301 RIVERPLACE BLVD., STE. 500 JACKSONVILLE, FL 32207</b>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 <i>Stacy Marlow</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>1-16-2006</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
T DASHER, J. GLENN 1301 RIVER PL BLVD. STE. 500 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
S WILSON, LARRY 1301 RIVER PL BLVD. STE. 500 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
P REYNOLDS, THOMAS W JR 1301 RIVER PL BLVD. STE. 500 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
VP DIAMOND, JOHN J 1301 RIVER PLACE BLVD. STE. 500 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
VP WILLIS, WILLIAM L 1301 RIVERPLACE BLVD STE 500 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VP CRAIG D. DAVISSON 1301 RIVERPLACE BLVD, SUITE 500 JACKSONVILLE, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>1-16-06</b>	Daytime Phone # <b>904-396-6356</b>
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