2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# J47194

Entity Name: RICHLAND PROPERTIES, INC.

Current Principal Place of Business:

4890 W. KENNEDY BOULEVARD, STE 920
TAMPA, FL 336091863

New Principal Place of Business:

Current Mailing Address:

4890 W. KENNEDY BOULEVARD, STE 920
TAMPA, FL 336091863

New Mailing Address:

FEI Number: 59-2757697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHN, BRAY H
Address: 4890 W. KENNEDY BOULEVARD, STE 920
City-St-Zip: TAMPA, FL 336091863

Title: VS ( ) Delete
Name: BRAY, MATTHEW J
Address: 4890 W. KENNEDY BOULEVARD, STE 920
City-St-Zip: TAMPA, FL 336091863

Title: VT ( ) Delete
Name: WEST, DALE A.
Address: 4890 W. KENNEDY BOULEVARD, STE 920
City-St-Zip: TAMPA, FL 336091863

Title: AVP ( ) Delete
Name: LEMONS, DAWN M
Address: 4890 W. KENNEDY BOULEVARD, STE 920
City-St-Zip: TAMPA, FL 336091863

Title: V ( ) Delete
Name: SCHAFER, JOHN H
Address: 3 IMPERIAL PROMENADE, SUITE 150
City-St-Zip: SANTA ANA, CA 92707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WEST, DALE A
Address: 4890 W. KENNEDY BOULEVARD, STE 920
City-St-Zip: TAMPA, FL 336091863

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: SCHAFER, JOHN H
Address: 4100 NEWPORT PLACE, SUITE 800
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VT ( ) Change (X) Addition
Name: FALLIERS, JOHN C
Address: 4100 NEWPORT PLACE, SUITE 800
City-St-Zip: NEWPORT BEACH, CA 92660

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: DAWN LEMONS AVAS 04/28/2006

Electronic Signature of Signing Officer or Director — Date