2006 FÖR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SGNATURE AND TYPED OR PROFIED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20, 2006 08:00 AN DOCUMENT # J77730 **Secretary of State** 1. Entity Name R.K.M. PROPERTIES, INC. Principal Place of Business Mailing Address 100 2ND AVENUE SOUTH 100 2ND AVENUE SOUTH 204-N ST PETERSBURG, FL 33701 US ST PETERSBURG, FL 33701 04142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2822350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ROWE, JAMES C ESQ DO NOT WRITE 100 2ND AVE, SOUTH SUITE 204N IN THIS SPACE ST PETERSBURG, FL 33701 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 Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent argnature required when reinstaling) CATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MLE MALOOF, RICHARD K. HAME STREET ADDRESS 100 2ND AVE. S., SUITE 204 N U00000518989 05/02/06-80032-020 150.00 CITY-ST-ZIP ST PETERSBURG, FL 33701 LLOYD, WILLIAM C NAME 100 2ND AVE. SOUTH, STE 204N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS C11Y-51-21P 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.

FILED