


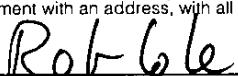


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90332 044 \*\*\*158.75

<b>DOCUMENT # L94119</b> 1. Entity Name <b>R K COLE, INC.</b>																																																																																																																																			
Principal Place of Business <b>722 ADIDAS RD WINTER SPRINGS, FL 32708</b>				Mailing Address <b>722 ADIDAS RD WINTER SPRINGS, FL 32708</b>																																																																																																																															
2. Principal Place of Business <b>25 Featherwood Ct</b>		3. Mailing Address <b>25 Featherwood Ct</b>		  01122006    Chg-P    CR2E034 (11/05)																																																																																																																															
Suite, Apt. #, etc. <b>Suite 13</b>		Suite, Apt. #, etc. <b>Suite 13</b>																																																																																																																																	
City & State <b>Silver Spring, MD</b>		City & State <b>Silver Spring, MD</b>																																																																																																																																	
Zip <b>20904</b>		Zip <b>20904</b>																																																																																																																																	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3057692</b>																																																																																																																															
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																			
6. Name and Address of Current Registered Agent  <b>COLE, ROB 722 ADIDAS RD WINTER SPRINGS, FL 32708</b>				7. Name and Address of New Registered Agent Name <b>Dottie Scogin</b> Street Address (P.O. Box Number is Not Acceptable) <b>716 Alpine St</b> City <b>Altamonte Springs</b> <b>FL</b> Zip Code <b>32701</b>																																																																																																																															
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  (NOTE: Registered Agent signature required when reinstating)    DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PSD COLE, ROB    <input type="checkbox"/> Delete</td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PSD Rob Cole    <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">COLE, ROB</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Rob Cole</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">722 ADIDAS RD</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">25 Featherwood Ct, Suite 13</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">WINTER SPRINGS, FL</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Silver Spring MD 20904</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VTD COLE, KARLA K    <input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VTD Karla K Cole    <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">COLE, KARLA K</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Karla K Cole</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">722 ADIDAS RD</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">25 Featherwood Ct, Suite 13</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">WINTER SPRINGS, FL</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Silver Spring MD 20904</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. 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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:  Rob Cole    04/27/06    301-622-1802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																																																																																																			