2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED. Jan 24, 2007 08:00 AM DOCUMENT # M98155 1. Entity Namo **Secretary of State** THE ROBERTS GROUP, INC. Principal Place of Business Mailing Address 8675 W 96TH ST 8675 W 96TH ST STE 207 STE 207 OVERLAND PARK KS 66212 **OVERLAND PARK KS 66212** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0074765 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRKENDALL, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) LAND OF THE PRESIDENT 2425 PRESIDENTIAL WAY, SUITE 306 WEST PALM BEACH FL 33401 Zip Code 3. 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 agreture, typod or printed name of rugistered agent and life is applicable (NOTE: Rugistered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition [111] ☐ Delete HILF KIRKENDALL, R SCOTT MAM U00000601704 10076 HEMLOCK STREET ADDRESS STELLE L'ADDRESS 01/26/07-80060-015 150.00 OVERLAND PARK KS 66212 CHY SI ZIP CHY SE ZIE ☐ Change Addition ☐ Delete 11111 KIRKENDALL, J DAVID NAMI MAMI 917 S HOLT CIRCLE STREET ADDRESS STREET ADDRESS MADISON WI 53719 CHY SI ZIP CITY SI ZIP HILE ☐ Change ☐ Addition Ш ☐ Delele NAME NAME STRULL ADDRESS STOLE LADDRESS CHY ST ZE CHY-ST ZIP ☐ Change ☐ Addition 11111 ☐ Delete 11111 MALIE MARK SIDELLADORESS STREET ADDRESS CITY ST-7IP CHY ST 781 ☐ Change Addition ☐ Delete 18818 NAME NAME SIBLE LADORESS STREET ADDRESS CHY SI-78 CITY ST /8P ☐ Change TITLE ☐ Addition Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNING OFFICER OR DIRECTOR

Daytime Phone 4