


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90021 028 \*\*\*150.00

<b>DOCUMENT # P00000010890</b>	
1. Entity Name <b>THE ROBINSON GROUP, INC.</b>	

Principal Place of Business <b>18546 AVOCET DRIVE LUTZ FL 33558</b>	Mailing Address <b>18546 AVOCET DRIVE LUTZ FL 33558</b>
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2. Principal Place of Business <b>4100 W. Kennedy Blvd.</b>	3. Mailing Address <b>4100 W. Kennedy Blvd</b>
Suite, Apt. #, etc. <b>Suite 322</b>	Suite, Apt. #, etc. <b>Suite 322</b>

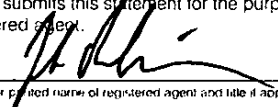
1st MOORE CR2E034 (10/05)

City & State <b>Tampa Florida</b>	City & State <b>Tampa Florida</b>
Zip <b>33609</b>	Zip <b>33609</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3629515</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent <b>ROBINSON, JOSHUA 18546 AVOCET DRIVE LUTZ FL 33558</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. The above named entity submits this statement for the purpose of <u>changing its registered office or registered agent, or both, in the State of Florida.</u> I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>2/28/06</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR ROBINSON, JOSHUA 18546 AVOCET DRIVE LUTZ FL 33558 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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.

SIGNATURE: 	DATE: <b>2/28/06</b>	DAYTIME PHONE #: <b>813-966-9960</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		