2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 19, 2007 08:00 AN **DOCUMENT # P00000085191 Secretary of State** 1. Entity Name RKC LAND DEVELOPMENT, INCORPORATED Principal Place of Business Mailing Address 13756 79TH COURT N 13756 79TH COURT N WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 01042007 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1040404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARTER, ROBERT K DO NOT WRITE 13756 79TH COURT NORTH WEST PALM BEACH, FL 33412 IN THIS SPACE 3. The above named entity sulomits 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TIBLE CARTER, ROBERT K JR. MAME STREET ADDRESS 13756 79TH COURT N CITY-ST-ZIP WEST PALM BEACH, FL 33412 U00000592911 01/22/07-80010-019 15**8.**75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier that report is turbe 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 of crustee sample were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received changed, or on an attachment

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE