2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080481

Entity Name: RYBKA, SMITH AND GINSLER INC.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7380 SAND LAKE ROAD, STE. 500 ORLANDO, FL 32819			7380 SAND LAKE ROAD SUITE 500 ORLANDO, FL 32819			
Current Mailing Address:				New Mailing Address:		
7380 SAND ORLANDO,	LAKE ROAD, FL 32819	STE. 500		7380 SAND SUITE 500 ORLANDO) LAKE ROAD , FL 32819)
FEI Number:	59-3738698	FEI Number Ap	plied For () FEI Nu	mber Not Appli	icable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	GUA DRIVE FL 32806 named entity si	US ubmits this stat	tement for the purpose o	1611 ANTIO		PE US office or registered agent, or both,
in the State of Florida.						
SIGNATUR		J. WILLINGS,	PE Registered Agent			04/17/2006 Date
Election Cam		Trust Fund Conf	0			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MOTRAN, HANI 18 CHAMPLAIN	Delete BLVD ARIO CANADA, <i>I</i> I	//3H 2Z1	Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	COLELLI, ROBE 18 CHAMPLAIN		/I3H 2Z1	Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	VON EPPINGHO 18 CHAMPLAIN	,	/I3H 2Z1	Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	D () FISCHER, NORE 18 CHAMPLAIN TORONTO ONTA	BERT	//3H 2Z1	Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	ARMSTRONG, R 18 CHAMPLAIN		//3H 2Z1	Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	VP () I WILLINGS, TIM 1611 ANTIGUA D ORLANDO, FL 3			Title: Name: Address: City-St-Zip:	VP (X WILLINGS, TIM 1611 ANTIGUA ORLANDO, FL	DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. WILLINGS, PE VP 04/17/2006