


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000014608</b> 1. Entity Name RBMG PROPERTIES, INC.	
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01072008 No Chg-P CR2E034 (11/05)

Principal Place of Business 590 SOLUTIONS WAY STE 100 ROCKLEDGE, FL 32955	Mailing Address 590 SOLUTIONS WAY STE 100 ROCKLEDGE, FL 32955
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0617820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  BROCKHOUSE, KEITH S 590 SOLUTIONS WAY STE 100 ROCKLEDGE, FL 32955	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11000007839380  
03/06/08-80005-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT C 1722 PALMER LANE ROCKLEDGE, FL 3255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDOW, JOSEPH W 1278 TROON WAY ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROCKHOUSE, KEITH S 590 SOLUTIONS WAY, # 100 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, CHRISTY 1722 PALMER LANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/20/08 Daytime Phone # 321 631 7063