2005 FOR PROFIT CORPORATION

Jan 13, 2005 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P02000052376 1. Entity Name ELLISON RBM, INC. Principal Place of Business Mailing Address 4009 LAKE KOSTA DRIVE POST OFFICE BOX 2422 LAKE WALES, FL 33853 _LAKE WALES, FL 33859-2422 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0708125 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent ELLISON, WOODROW (WOODY) DO NOT WRITE 4009 LAKE KOSTA DRIVE LAKE WALES, FL 33898-9366 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE ELLISON, WOODY NAME U00000180106 STREET ADDRESS 4009 LAKE KOSTA DRIVE 01/13/05-80046-001 155.00 LAKE WALES, FL 338989366 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE:

Jan 111/1 2005

863-679-528.

Daytime Phone

FILED