


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90002 023 \*\*\*150.00

<b>DOCUMENT # P02000117104</b>	
1. Entity Name <b>ROBINSON INVESTMENT CORPORATION</b>	

Principal Place of Business <b>1150 BEACH RD APT 1M INDIAN RIVER SHORES, FL 32963</b>	Mailing Address <b>1150 BEACH RD APT 1M INDIAN RIVER SHORES, FL 32963</b>
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**54067378**



2. Principal Place of Business		3. Mailing Address <b>819 BEACHLAND BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>VERO BEACH FL</b>	
Zip	Country	Zip	Country
<b>32963</b>		<b>INDIAN RIVER</b>	

07202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GARRIS, CHARLES E 817 BEACHLAND BLVD VERO BEACH, FL 32963</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>819 BEACHLAND BLVD</b>	
		City <b>VERO BEACH</b> FL Zip Code <b>32963</b>	

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:  **Charles E. Garriss** 8-9-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, AUDREY D <input type="checkbox"/> Delete 1150 BEACH RD APT 1M INDIAN RIVER SHORES, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROBINSON, V JAMES JR <input type="checkbox"/> Delete 1202 BERGER PKWY STE 311 EVERGREEN, CO 80439	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JOHN H <input type="checkbox"/> Delete 10303 E DRY CREEK RD STE 400 ENGLEWOOD, CO 80112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOARDMAN, SALLY R <input type="checkbox"/> Delete 7827 BERGER AVENUE PLAYA DEL REY, CA 902937926	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

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.

SIGNATURE:  **V. James Boardman** 7/29/04 303-624-3351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #