## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000006453

City-St-Zip:

WEST PALM BEACH, FL 33401

Entity Name: RAB INVESTMENT CORPORATION

FILED Jan 20, 2006 Secretary of State

y	mer room a	EOTMENT CONTON			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	BOULEVARD ACH GARDEN				
Current Mailing Address:			New Mailing Address:		
3801 PGA PALM BEA	BOULEVARD ACH GARDEN	., SUITE 700 S, FL 33410			
FEI Number	: 56-2315013	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
<b>505 SOUT</b>	EN, SCOTT L TH FLAGLER [ LM BEACH, F	DRIVE.,SUITE 1100 L 33401 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BROWN, ROR 3801 PGA BOU	) Delete Y A JLEVARD., SUITE 700 GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BROWN, JUDI 3801 PGA BOU	) Delete TH A JLEVARD., SUITE 700 GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	MCMULLEN, S	) Delete COTT L AGLER DRIVE SUITE 1100	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: RORY A. BROWN PD 01/20/2006