
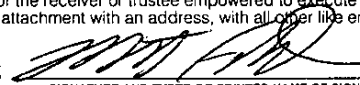


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90363 044 \*\*\*150.00

<b>DOCUMENT # P03000046206</b> 1. Entity Name <b>ROBERT G. FRANKLIN, INC</b>																											
Principal Place of Business <b>6085 MICHAEL STREET</b> <b>JUPITER, FL 33458 US</b>		Mailing Address <b>6085 MICHAEL STREET</b> <b>JUPITER, FL 33458 US</b>																									
2. Principal Place of Business <b>502 Palm Street</b> Suite, Apt. #, etc. <b>Suite 6</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b> Country <b>US</b>		3. Mailing Address <b>502 Palm Street</b> Suite, Apt. #, etc. <b>Suite 6</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b> Country <b>US</b>																									
4. FEI Number <b>06-1691240</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>FRANKLIN, ROBERT G</b> <b>6085 MICHAEL STREET</b> <b>JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P FRANKLIN, ROBERT G</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRANKLIN, ROBERT G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6085 MICHAEL STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JUPITER, FL 33458</td> <td></td> </tr> </table>		TITLE	P FRANKLIN, ROBERT G	<input type="checkbox"/> Delete	NAME	FRANKLIN, ROBERT G		STREET ADDRESS	6085 MICHAEL STREET		CITY - ST - ZIP	JUPITER, FL 33458		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: 		Date <b>4-13-06</b> Daytime Phone #																									