2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P03000049409

Entity Name: ROB GORDON AND SONS, INC.

Current Principal Place of Business:

2269 S UNIVERSITY DR
SUITE 405
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2269 S UNIVERSITY DR
SUITE 405
DAVIE, FL 33324

New Mailing Address:

FEI Number: 87-0694658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORDON, ROB
2269 S UNIVERSITY DR
SUITE 405
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: GORDON, ROB
Address: 2269 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33332

Title: V.P. ( ) Delete
Name: GORDON, BRYAN
Address: 8260 S.W. 41ST CT.
City-St-Zip: DAVIE, FL 33332

Title: TRES ( ) Delete
Name: GORDON, MICHAEL
Address: 8260 S.W. 41ST CT.
City-St-Zip: DAVIE, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GORDON, ROB
Address: 2269 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33324

Title: V.P. (X) Change ( ) Addition
Name: GORDON, BRYAN
Address: 2269 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33324

Title: TRES (X) Change ( ) Addition
Name: GORDON, MICHAEL
Address: 2269 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33324

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.

SIGNATURE: ROB GORDON PRES 04/26/2007

Electronic Signature of Signing Officer or Director — Date