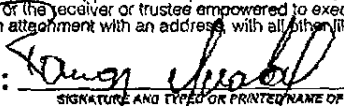


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                       |                                                                  |                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000080533</b><br>1. Entity Name<br><b>RCA PROPERTY &amp; INVESTMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                       |                                                                  |                                       |  |
| Principal Place of Business<br><b>7203 N BLOSSOM AVE<br/>TAMPA, FL 33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                       | Mailing Address<br><b>7203 N BLOSSOM AVE<br/>TAMPA, FL 33614</b> |                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 3. Mailing Address                                                                                                    |                                                                  |                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Suite, Apt. #, etc.                                                                                                   |                                                                  |                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | City & State                                                                                                          |                                                                  |                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                   | Zip                                                                                                                   | Country                                                          | 4. FEI Number<br><b>47-0928305</b>                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                       |                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                       |                                                                  | 7. Name and Address of New Registered Agent                                                                            |  |
| <b>MIRABAL, RAMON C<br/>7203 N BLOSSOM AVE<br/>TAMPA, FL 33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                       |                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br/>Due by September 8, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                  | In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11            |                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>MIRABAL, RAMON C<br/>7203 N BLOSSOM AVE<br/>TAMPA, FL 33614</b> <input type="checkbox"/> Delete  |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>MIRABAL, AYABAM C<br/>7203 N BLOSSOM AVE<br/>TAMPA, FL 33614</b> <input type="checkbox"/> Delete |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000565718<br/>05/22/06-80009-020 150.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>MIRABAL, CESILA N<br/>7203 N BLOSSOM AVE<br/>TAMPA, FL 33614</b> <input type="checkbox"/> Delete |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>MIRABAL, GLORIA M<br/>7203 N BLOSSOM AVE<br/>TAMPA, FL 33614</b> <input type="checkbox"/> Delete |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                                                           |                                                                                                                       |                                                                  |                                                                                                                        |  |
| <b>SIGNATURE:</b>  <b>5/1/06</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                       |                                                                  |                                                                                                                        |  |