2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P0500000154 05-02-2006 90169 007 ***150 00 RBC'S AQUARIUM & PETS INC. Principal Place of Business Mailing Address 40078270 5808 N ORANGE BLOSSOM TRAIL 5808 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 ORLANDO, FL 32810 3. Mailing Address 2. Principal Place of Business 4425 Rossmore Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-P CR2E034 (11/05) 4, FEI Number Applied For . City & State City & State Not Applicable Orlando, Florida 20-2066999 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32810 Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Theresa A. Conti LINDER & THORNLEY CPA Street Address (P.O. Box Number is Not Acceptable) **501 EAST JACKSON STREET SUITE 101** ORLANDO, FL 32801 4425 Rossmore Drive Zip Code 32810 Orlando 8. The above named entity 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: 3.2 Theresa A. Conti (NOTE: Registered Agent signature required when reinstating) 4/7/06 Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D ☐ Addition TITLE ☐ Delete TITLE NAME CONTI, THERESA A NAME 4425 ROSSMORE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32810 CITY-ST-ZIP CITY-ST-ZIP VP/D ☐ Change Addition TITLE ☐ Delete TITLE CONTI, WILLIAM A SR. NAME NAME 4425 ROSSMORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa A. Conti

4/7/06

407-578-4635

Daytime Phone #

FILED