


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90198 029 ***150.00

DOCUMENT # P05000010559

1. Entity Name
FRAMING BY ROBIN, INC.



Principal Place of Business
**731 7TH ST. W.
 PALMETTO, FL 34221-4721**

Mailing Address
**731 7TH ST. W.
 PALMETTO, FL 34221-4721**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03202006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2225267

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**SNYDER, DONALD H CPA
 5603 26TH ST. W.
 BRADENTON, FL 34207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P Delete <input type="checkbox"/>	NAME TAYLOR, ROBIN
STREET ADDRESS 731 7TH ST. W.	
CITY-ST-ZIP PALMETTO, FL 342214721	
TITLE VP Delete <input type="checkbox"/>	NAME TAYLOR, ROBIN
STREET ADDRESS 731 7TH ST. W.	
CITY-ST-ZIP PALMETTO, FL 342214721	
TITLE S Delete <input type="checkbox"/>	NAME TAYLOR, ROBIN
STREET ADDRESS 731 7TH ST. W.	
CITY-ST-ZIP PALMETTO, FL 342214721	
TITLE T Delete <input type="checkbox"/>	NAME TAYLOR, ROBIN
STREET ADDRESS 731 7TH ST. W.	
CITY-ST-ZIP PALMETTO, FL 342214721	
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Robin H Taylor Robin H Taylor 4-11-06 (94) 723-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #