## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P05000042379** 1. Entity Name 04-26-2006 90199 036 \*\*\*150.00 RBG EAST INC. Principal Place of Business Mailing Address dillossica 1029 GLENWOOD RD 1029 GLENWOOD RD DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLEY, BRENDA G Street Address (P.O. Box Number is Not Acceptable) 1029 GLENWOOD RD DELAND, FL 32720 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition □ Delete ☐ Change GALLEY, RICHARD T NAME NAME 1029 GLENWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP VΡ TITLE ☐ Delete ☐ Change THE Addition GALLEY, BRENDA G NAME STREET ADDRESS 1029 GLENWOOD RD STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: