2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90050 026 ***150.00

DOCUMENT # P05000046959

1. Entity Name
ROBERTS CAPITOL, INC.

Principal Place of Business	Mailing Address
1081 HOLLAND DRIVE BOCA RATON, FL 33487	1081 HOLLAND DRIVE BOCA RATON, FL 33487

01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1001 Broken Sound Pkwy, NW	1001 Broken Sound Pkwy, NW
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487 Country: U.S.A.	Zip: 33487 Country: U.S.A.

4. FEI Number: 20 2822370 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
APPLEBAUM, MARC 1081 HOLLAND DRIVE BOCA RATON, FL 33487	Name: LEWIS GOULD Street Address (P.O. Box Number is Not Acceptable): 1001 Broken Sound Pkwy., NW Suite A City: Boca Raton FL Zip Code: 33487

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 _____ 1/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO GOULD, LEWIS 1001 BROKEN SOUND PKWY., NW, STE. A BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GOULD, LEONARD J. 1001 BROKEN SOUND PKWY., NW, STE. A BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOULD, SUSAN 1001 BROKEN SOUND PKWY., NW, STE. A BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTON, GEARY 1001 BROKEN SOUND PKWY., NW, STE. A BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAST, CHRISTIAN 1001 BROKEN SOUND PKWY., NW, STE. A BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGEL, EMIL 1001 BROKEN SOUND PKWY., NW, STE. A BOCA RATON, FL 33487	☐ Change ☒ 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.

SIGNATURE: _____ Enos Blair 1/23/06 561-994-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #