## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000139362

Entity Name: RBC SOLUTIONS, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

888 BRICKELL KEY DRIVE 888 BRICKELL KEY DRIVE

UNIT 1604 UNIT 1011 MIAMI, FL 33131 UNIT 1011 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

888 BRICKELL KEY DRIVE 888 BRICKELL KEY DRIVE

UNIT 1604 UNIT 1011 MIAMI, FL 33131 UNIT 13131

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARLTON, ROGER M

888 BRICKELL KEY DRIVE

UNIT 1604

MIAMI, FL 33131 US

CARLTON, ROGER M

888 BRICKELL KEY DRIVE

UNIT 1011

MIAMI, FL 33131 US

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.

SIGNATURE: 03/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: CARLTON, ROGER M Name: CARLTON, ROGER M
Address: 888 BRICKELL KEY DRIVE, UNIT 1604 Address: 888 BRICKELL KEY DRIVE, UNIT 1011

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: CARLTON, BETH Name: CARLTON, BETH

Address: 888 BRICKELL KEY DRIVE, UNIT 1604 Address: 888 BRICKELL KEY DRIVE, UNIT 1011

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER M. CARLTON PD 03/23/2009