

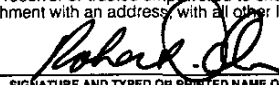


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07411</b> 1. Entity Name <b>THE ROBERT D. OLSON, CORPORATION</b>						05 JUN 30 PM 1:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2955 MAIN STREET THIRD FLOOR IRVINE, CA 92614 US</b>				Mailing Address <b>2955 MAIN STREET THIRD FLOOR IRVINE, CA 92614 US</b>			
2. Principal Place of Business		3. Mailing Address		 01262005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>33-0054711</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MENENDEZ, IRENE 3115 S.W. 27TH STREET MIAMI, FL 33133</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>CEO OLSON, ROBERT D 4955 VIA DEL CERRO YORBA LINDA, CA 92886</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000056781070 06/30/05--01022--011 **\$50.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P REYLING, DENNIS P 1 CROSSCREEK IRVINE, CA</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD BUCK, JACKIE L 19772 HIGH RIDGE HWY. TRABUCO CANYON, CA</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CERVANTES, JOSEPH G 411 S. WINDMILL LANE ANAHEIM, CA</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							
<b>SIGNATURE:</b> 				Date <b>6/9/05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>949 222 3745</b>			