
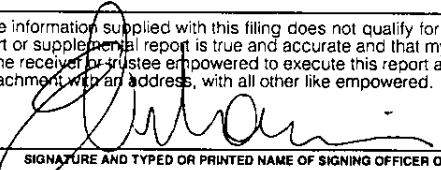


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90013 018 ***150.00

DOCUMENT # P07411 1. Entity Name THE ROBERT D. OLSON, CORPORATION					
Principal Place of Business 2955 MAIN STREET THIRD FLOOR IRVINE, CA 92614 US			Mailing Address 2955 MAIN STREET THIRD FLOOR IRVINE, CA 92614 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		4. FEI Number 33-0054711	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MENENDEZ, IRENE 3115 S.W. 27TH STREET MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO		TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, ROBERT D <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	351 E. BAY FRONT		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH, CA 92662		CITY-ST-ZIP		
TITLE	VTD <input checked="" type="checkbox"/> Delete		TITLE	VTSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUCK, JACKIE L		NAME	Urbani, Erika R	
STREET ADDRESS	19772 HIGHRIIDGE HWY.		STREET ADDRESS	6754 E. Leafwood Dr.	
CITY-ST-ZIP	TRABUCO CANYON, CA		CITY-ST-ZIP	Anaheim, CA 92807	
TITLE	V <input type="checkbox"/> Delete		TITLE		
NAME	CERVANTES, JOSEPH G		NAME		
STREET ADDRESS	411 S. WINDMILL LANE		STREET ADDRESS		
CITY-ST-ZIP	ANAHEIM, CA		CITY-ST-ZIP		
TITLE			TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Kilar, Joseph	
STREET ADDRESS			STREET ADDRESS	41 Sheridan Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Ladera Ranch, CA 92694	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/15/07 Daytime Phone #: 949-222-3751		