2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P07411 1. Entity Name THE ROBERT D. OLSON, CORPORATION					06-05-2007 90013 018 ***150.00				
Principal Plac	ce of Business	Mailing Address				•			
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2955 MAIN		2955 MAIN STREET							
THIRD FLOO		THIRD FLOOR							-
IRVINE, CA	92614 US	IRVINE, CA 92614 L	S		(168(188) 10)		HE		(1881 11 188)
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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			05032007	Chg-P	CB2E01	34 (12/06)	
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City & Star	te	City & State			4. FEI Number			Ar	oplied For
					33-0054	711			ot Applicable
Zip	Country	Zip	Country						
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	6. Name and Address of Current	Registered Agent	·· · · · · ·		7 Name and /	ddroop of Nov			
	o. Name and Address of Content	niegisterea Agent	Name		7. Name and A	GOIESS OF INEW	negistered A	gent	
MENIENIDA	EZ, IRENE	_*	Name						
	. 27TH STREET	_	Street	Address (P.O. Box Number	is Not Accepta	hle)	·	
MIAMI, FL					, , , , , , , , , , , , , , , , , , , ,		0.07		
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			City				FL	Zip Cod	е
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b. The above		ir the purpose of changing its r							
the obligat	e named entity submits this statement for	a the purpose of changing its i	egisterea omice i	or register	ed agent, or both	, in the State of	Florida. I am fa	amiliar with,	and accept
the obligat	tions of registered agent.	a the purpose of changing its f	egisterea onice (or register	ed agent, or ooth	, in the State of	Florida. I am fa	amiliar with,	and accept
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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 by frustee 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/07

949-222-375

Daytime Phone #