2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

| DOCUMENT # P10666 1. Entity Name R.B.I. HOLDING COMPANY | | | | | | 05-05-2006 90196 042 ***150.00 | | | | |
|---|--|---------------------|--|--------------------------|---------------|--------------------------------|------------------------|-----------------|--------------------|---------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 15500 ROOSEVELT BLVD 15500 ROOSEVELT BLVD | | | | | | | | | | |
| SUITE 301 SUITE 301 | | | | | | | | | | |
| CLEARWATER, FL 33760-3410 US CLEARWATER, FL 33760-341 | | | o us | | # IND#INST IT | HEN BRID CHER BRID CH | I BRUK CISAK BISAL BIS | H BIBN BIB | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apr. #, etc. | | Suite, Apt. #, etc. | | | | 04202006 Chg-P | | CR2E034 (11/05) | | |
| City & State | | City & State | | | | 4. FEI Number 58-0708355 | | | | plied For t Applicable |
| Zip | Country | Zip | Cour | itry | | 5. Certificate of | of Status Desired | | .75 Add Require | |
| | 6. Name and Address of Current | Registered Agent | | No. | | 7. Name and | Address of New R | Registered Age | nt | |
| RUBIN, LESLIE A | | | | Name | | | | | | |
| 15500 ROOSEVELT BLVD STE 301 CLEARWATER, FL 33760 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | | | • | | |
| | | | | City | | | | FL | Zip Cod | 9 |
| 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 Signature, typed or printed name of registered agent and talle if applicable. (NO1E: 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 \$5.00 May Be Added to Fees | | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | , | ADDITIONS/ | HANGES TO OFF | ICERS AND DIF | RECTORS | 5 IN 11 |
| INLE | CDP | ☐ Delete | TITL | | . | | | × | Change | Addition |
| NAME | KOHN, MICHAEL | | NAM | EET ADORESS | KAK | n, Mici | hae/ | | | |
| STREET ADDRESS CHY-ST-ZIP | 2125 MELLER LANE SW MARIETTA, GA 30064 | | | -ST-ZIP | | | | | | |
| TITLE | VSD | ☐ Delete | TITL | E | | | | П | Change | Addition |
| NAME | RUBIN, LESLIE | | NAM | | | | | _ | | |
| STREET ADDRESS | 15500 ROOSEVELT BLVD., STE | E. 301 | | ET ADDRESS | | | | | | |
| CITY-S1-ZIP | CLEARWATER, FL 33760 | | City | -S1-ZIP | | | | | | <u></u> |
| TITLE | COBD | ☐ Defele | TITL | | | | | L.J | Change | Addition |
| NAME STREET ADORESS | RUBIN, PEGGY M 6140 RIVER CHASE CIR. NW | | NAA STRI | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | ATLANTA, GA 30328 | | | -\$1 - ZIP | | | | | | |
| THILE | CFOD | ☐ Delete | TITL | E | | | | | Change | Addition |
| NAME | RUBIN, DONNA | | NAM | | | | | | | |
| STREET ADDRESS | 2945 COLES WAY | | | EET ADDRESS '- ST-ZIP | | | | | | |
| CHY-SI-ZIP | ATLANTA, GA 30350 | ☐ Delete | 1111 | | | | | | Change | Addition |
| NAME | | ☐ Delete | NAN | | | | | | Orlange | |
| STREET ADDRESS | | | | EET ADDRESS | | | | | | |
| CITY-S1-ZIP | | <u> </u> | CITY | '-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | THE | | | | | | Change | Addition |
| NAME PERCET ADORCES | | | NAA STR | ME Eet address | i | | | | | |
| STREET ADORESS CITY-ST-ZIP | | | • | -ST-ZIP | 1 | | | | | |
| | <u> </u> | | | | | | 51 11 61 1 1 | | | |

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.

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR