2007 FOR PROFIT CORPORATION

Mar 26, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P20621** 03-26-2007 90047 015 ***150.00 1. Entity Name ROYAL BOND, INC. Principal Place of Business Mailing Address ~~~~**UUU**D **4722 BRONZE WAY 4722 BRONZE WAY** DALLAS, TX 75236 DALLAS, TX 75236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 43-0488120 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUSTICE, JAMES H. Street Address (P.O. Box Number is Not Acceptable) 4701 16TH STREET NORTH ST PETERSBURG, FL 33703 City Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE ☐ Delete TITLE . Change ☐ Addition NAME FIRESTONE, JOHN W. NAME **4023 GOODFELLOW** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONNELL, JACK NAME NAME STREET ADDRESS 651 ALEXAUNDRIA STREET ADDRESS CITY-ST-ZIP ST LOUIS, MO CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition JULIAN, MAUREEN NAME NAME MORNINGSide PK STREET ADDRESS 1388 GREEN HILLS COURT STREET ADDRESS CITY-ST-ZIP DUNCANVILLE, TX CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP