2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2006 08:00 AM Secretary of State **DOCUMENT # P93000084547** 1. Entity Name RJB TOOL CORP. Principal Place of Business Mailing Address % MITCHELL A. SILVER & CO. % MITCHELL A. SILVER & CO. P.O. BOX 22-3592 P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592 HOLLYWOOD FL 33022-3592 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1845256 Not Applicat Zip Country Country Ziz \$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 Name RUDI BLUM SR. Street Address (P.O. Box Number is Not Acceptable) 1150 SW 196 AVE PEMBROKE PINES FL 33029 City Zip Cade 8. The above named entity submits this statement for the purcose 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ☐ A **** NAME BLUM, RUDI NAME 1988688432242 STREET ADDRESS 1150 SW 196TH AVE STREET ADDRESS 02/23/06-80059-011 150.00 CGY-SI-ZO PEMBROKE PINES FL CITY-ST-ZIP TITLE ☐ Delete Chance Chance T Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 3331 F Change Advinio. MAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY -ST- ZIP IME Octete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete THE ☐ Change Addin. NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST- 7P

12. I hereby certify that the information supplied with this filing does not qualify told the exemptions contained in Section 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.

Pull Blum

2/01/01

FILED