2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P94000083215 1. Entity Name RICHLU INVESTMENTS CORPORATION Mailing Address Principal Place of Business % KIRK PINKERTON % KIRK PINKERTON 720 S ORANGE AVE 720 S ORANGE AVE SARASOTA, FL 34236 SARASOTA, FL 34236 02272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0536708 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M DO NOT WRITE 720 S ORANGE AVE SARASOTA, FL 34236 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000519676 702/06-80065-003 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS DPST TITLE HIRSCH, MARGARET NAME P O BOX 829 STREET ADDRESS CITY-ST-ZIP UMHLANGA ROCKS 4320, SA NATAL TITLE STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-DP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 24/15/200X

Daytime Phone #