


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000034496 1. Entity Name SRBB, INC.	
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Principal Place of Business 7431 COLLEGE PARKWAY FT. MYERS, FL 33907-5548	Mailing Address 145 EAST 32 STREET SUITE 500 NEW YORK, NY 10016 US
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3887455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHULMAN, RONCA, & BUCUVALAS, INC. 7431 COLLEGE PARKWAY FORT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULMAN, MARK A 145 E 32ND ST 5TH FLR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONCA, ALBERT A 145 E 32ND ST, 5TH FLR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCUVALAS, MICHAEL J 145 E 32ND ST, 5TH FLR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, JOHN M 8403 COLESVILLE RD, STE 820 SILVER SPGS, MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000374123
07/22/05-80009-004 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an officer, like empowered.

SIGNATURE: 	Date: 7/18/05	Daytime Phone: 242-779-7700
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