2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000070810

R.M.B. PROPERTIES, INC.



FILED Mar 15, 2007 08:00 AM **Secretary of State**

Principal Place of Business

5670 FROST LANE DELRAY BEACH, FL 33484 Mailing Address

3801 NE 28TH AVENUE LIGHTHOUSE POINT, FL 33064



DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05) Applied For

65-0694658 5. Certificate of Status Desired

4. FEI Number

Not Applicable \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEENAN, RAYMOND P 3801 N.E. 28TH AVENUE > LIGHTHOUSE POINT, FL 33064

DO NOT WRITE 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					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when remetating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		·····	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KEENAN, RAYMOND P 3801 N.E. 28TH AVE LIGHTHOUSE POINT, FL 33084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DEFRAIN, ROBERT P 7630 SILVER WOODS CT BOCA RATON, FL 33433				000000667725 03/26/07-80039-025 158.7
TITLE NAME " STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS					

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 to stee 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:

CITY-ST-ZIP

PED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

2-7007