

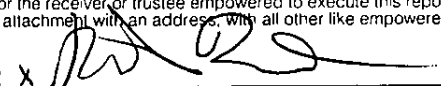


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000035470		
1. Entity Name RBW PROPERTIES, INC.		
Principal Place of Business 1613 FAIRWAY RIDGE ORANGE PARK, FL 32003	Mailing Address 1613 FAIRWAY RIDGE ORANGE PARK, FL 32003	
DO NOT WRITE IN THIS SPACE		
		02052008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2512499
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILSON, ROBERT B 1613 FAIRWAY RIDGE ORANGE PARK, FL 32003		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000907244 05/05/08-80030-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILSON, ROBERT B 1316 FAIRWAY RIDGE ORANGE PARK, FL 32003	
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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: 		4/15/8 (984838-8703) x President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #