2006 FOR PROFIT CORPORATION **ANNUAL REPORT FILED** Feb 20, 2006 08:00 AN DOCUMENT # S79032 **Secretary of State** RKB ARCHITECTS PLANNERS INCORPORATED Principal Place of Business Mailing Address 3350 NW 2ND AVE 3350 NW 2ND AVE. STE B8 STE B-8 BOCA RATON, FL 33431 BOCA RATON, FL 33431 No Cha-P 01202006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0283530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent SCHULMAN, PEGGY B. DO NOT WRITE 21694 TOWN PLACE DRIVE BOCA RATON, FL 33433 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 to (NOTE, Registered Agent algorature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE NAME BROOKS, RICHARD K. 3350 NW 2ND AVE. STE B-8 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL U00000442588 03/04/06-80023-021 150.00 TITLE NAME SCHULMAN, PEGGY B. STREET ADDRESS 21694 TOWN PLACE DRIVE CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-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 tractify signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt or trustee empowered to execute this report as refujived by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachmer

MING OFFICE

SIGNATURE: x

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

-17-06

561-750366 Daytime Phone

Date