


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F03000004253**

1. Entity Name  
**RICHARDSAPEX, INC.**



FILED  
07 JUN 13 AM 8:18  
STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4202-24 MAIN STREET PHILADELPHIA, PA 19127</b>	Mailing Address <b>4202-24 MAIN STREET PHILADELPHIA, PA 19127</b>
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05-01-07 90035 002 \$150.00  
05222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>23-1322119</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name <b>INCORPORATING SERVICES, LTD</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>1570 GLENWAY DRIVE</b>
	City <b>TALLAHASSEE</b>
	FL Zip Code <b>32301</b>

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: Beverly D. Portu, Asst Secy DATE: 6/6/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C RICHARDS, BRADLEY N 4202-24 MAIN STREET PHILADELPHIA, PA 19127	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VC RICHARDS, DAVID 4202-24 MAIN STREET PHILADELPHIA, PA 19127	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SCARI, WILLIAM A JR 400 BERWYN PARK, 899 CASSATT ROAD BERWYN, PA 19312	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RICHARDS, ANDREW R 4202-24 MAIN STREET PHILADELPHIA, PA 19127	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P SCHENK, RONALD P 4202-24 MAIN STREET PHILADELPHIA, PA 19127	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SVD DAVIS, H CHRISTOPHER 4202-24 MAIN STREET PHILADELPHIA, PA 19127	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [Signature] DATE: 7/27/07 DAYTIME PHONE: 215-487-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR