## 2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 04, 2007 08:00 All Secretary of State **DOCUMENT #303620** 1. Entity Name RADFIELDS INC Principal Place of Business Mailing Address 2245 ST JOHNS AVE 2245 ST JOHNS AVE JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 CR2E034 (11/05) 03222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1140141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKINNER, ALLEN F DO NOT WRITE 2245 ST JOHN AVE JACKSONVILLE, FL 32204 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 util if applicable. (NOTE: Registered Agent signature required when remstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000689542 NAME SKINNER, ALLEN F 04/11/07-80040-001 150.00 STREET ADDRESS 2245 ST JOHNS AVE CITY-ST-ZIP JACKSONVILLE, FL 32204 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS 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 truetee 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

904-612-6278