


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 27 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 688663 1. Entity Name R L & D., INC.	
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Principal Place of Business C/O RILEY L. LANDERS, JR. 835 WEST BREVARD STREET TALLAHASSEE, FL 32314	Mailing Address C/O RILEY L. LANDERS, JR. P.O. BOX 5003 TALLAHASSEE, FL 32314-5003
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State
City & State	City & State	Zip
Zip	Country	Country



04272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LANDERS, RILEY L JR.
835 W. BREVARD ST.
TALLAHASSEE, FL 32314

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	ST LANDERS, DOROTHY R. <input type="checkbox"/> Delete	
NAME	8125 BUCK LAKE RD	
STREET ADDRESS	TALLAHASSEE, FL,	
CITY-ST-ZIP		
TITLE	P LANDERS, RILEY L, JR. <input type="checkbox"/> Delete	
NAME	8125 BUCK LAKE RD	
STREET ADDRESS	TALLAHASSEE, FL,	
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	900073983259	
STREET ADDRESS	05/04/06--01015--015	
CITY-ST-ZIP	**150.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: Riley L. Landers, Jr. RILEY L. LANDERS, JR., PRES. 4/27/06 (890) 224-4598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/2/06