2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006
Secretary of State

DOCUMENT# F04000004484

Entity Name: RADIANZ AMERICAS INC.

Current Principal Place of Business:

575 LEXINGTON AVE.
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

575 LEXINGTON AVE.
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 52-2250723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EDELSTEIN, HOWARD
Address: 575 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: B ( ) Delete
Name: CARLEY, BRENNAN
Address: 575 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: T ( ) Delete
Name: EMERY, PHILIP
Address: 575 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POL, CHUCK
Address: 350 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: P (X) Change ( ) Addition
Name: LEE, DAVID
Address: 11440 COMMERCE PARK DRIVE
City-St-Zip: RESTON, VA 20190

Title: T (X) Change ( ) Addition
Name: MCCAULEY, ANDREW
Address: 350 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: AS ( ) Change (X) Addition
Name: NEWELL, JAMIE
Address: 11440 COMMERCE PARK DRIVE
City-St-Zip: RESTON, VA 20190

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE NEWELL AS 08/01/2006

Electronic Signature of Signing Officer or Director Date