


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000001976 1. Entity Name RADDE INVESTIGATIVE & SECURITY AGENCY, INC.		
Principal Place of Business 314 MISSOURI SUITE 308B CLEARWATER, FL 33765	Mailing Address 1323 N. IRONWOOD SOUTH BEND, IN 46615	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RADDE, HOWARD S 314 MISSOURI SUITE 308B CLEARWATER, FL 33765		DO NOT WRITE 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 _____ DATE <u>07/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADDE HOWARD, STEVEN 14328 PARKRIDGE DR. GRANGER, IN 46530	
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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: <u>Howard S. Radde</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>07/09/07</u> <u>574-234-9091</u> <small>Date Daytime Phone #</small>



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2137690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**