

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90166 002 \*\*\*150.00

<b>DOCUMENT # H10806</b> 1. Entity Name <b>R.D.L. CONSTRUCTION CORPORATION</b>			
Principal Place of Business <b>1601 S.W. 1ST WAY D-12 DEERFIELD BCH., FL 33441</b>		Mailing Address <b>1601 SW 1ST WAY D-12 DEERFIELD BEACH, FL 33441 US</b>	
2. Principal Place of Business <b>13435 SOUTH McCALL RD.</b>		3. Mailing Address <b>13435 SOUTH McCALL RD.</b>	
Suite, Apt. #, etc. <b># 316</b>		Suite, Apt. #, etc. <b># 316</b>	
City & State <b>PORT CHARLOTTE, FL.</b>		City & State <b>PORT CHARLOTTE, FL.</b>	
Zip <b>33981</b> Country		Zip <b>33981</b> Country	
4. FEI Number <b>59-2433279</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MASULA, ROBERT J 1601 SW 1ST WAY D-12 DEERFIELD BEACH, FL 33441</b>		7. Name and Address of New Registered Agent Name <b>ROBERT J. MASULA</b> Street Address (P.O. Box Number is Not Acceptable) <b>13435 SOUTH McCALL ROAD SUITE 316</b> City <b>PORT CHARLOTTE FL</b> Zip Code <b>33981</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 <u><b>ROBERT J. MASULA</b></u> <b>4-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MASULA, ROBERT L. 1967 SW 7TH COURT BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MASULA, ROBERT L. 9210 NORTH IMPALA CIRCLE PORT CHARLOTTE, FL. 33981</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MASULA, STEPHANIE 1967 SW 7TH COURT BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MASULA, STEPHANIE 9210 NORTH IMPALA CIRCLE PORT CHARLOTTE, FL. 33981</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MASULA, ROBERT J 1601 SW 1ST WAY, D-12 DEERFIELD BEACH, FL 33441</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MASULA, ROBERT J. 13435 SOUTH McCALL RD. # 316 PORT CHARLOTTE, FL 33981</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		<b>ROBERT J. MASULA</b> <b>4-21-06</b> <b>815-3990</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	