


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90074 050 ***150.00

DOCUMENT # H56168 1. Entity Name RADIUM ACCESSORIES SERVICES COMPANY, INC.	
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Principal Place of Business 34 COCO PLUM DRIVE MARATHON, FL 33050	Mailing Address 34 COCO PLUM DRIVE MARATHON, FL 33050
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03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE	
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4. FEI Number 59-2640811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WRIGHT, THOMAS D. 5701 OVERSEAS HIGHWAY P.O. BOX 177 MARATHON, FL 33050	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD DANIELSON, REGINA 7 DERRINGWOOD LN BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIELSEN, STEVEN 115 PARK DRIVE MASTIC BEACH, NY 11951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELSON, THOMAS 110 MARINERS WAY NEW YORK, NY 11326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELSON, REGINA 7 DERRINGWOOD LN BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas D. Wright 3/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #