


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90186 008 ***150.00

DOCUMENT # K18854
 1. Entity Name
RODAN DEVELOPMENT CORP.



Principal Place of Business
 2101 CORPORATE BLVD NW
 STE 107
 BOCA RATON, FL 33431 US

Mailing Address
 % BARRY GOODMAN
 5297 PRINCETON WAY
 BOCA RATON, FL 33496 US

50036293



2. Principal Place of Business
5297 Princeton Way

3. Mailing Address

Suite, Apt. #, etc.

03302005 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State

4. FEI Number
65-0040517

Applied For
 Not Applicable

Zip
33496

Country
USA

Zip

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

M & W AGENTS, INC.
 BOCA CORPORATE CENTER
 2101 CORPORATE BLVD., STE 107
 BOCA RATON, FL 33431

Name
BARRY GOODMAN

Street Address (P.O./Box Number is Not Acceptable)
5297 PRINCETON WAY

City
BOCA RATON

State
FL

Zip Code
33496

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: *Barry Goodman* *Barry Goodman* *4/6/05*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D Delete

NAME
GOODMAN, BARRY

STREET ADDRESS
5297 PRINCETON WAY

CITY-ST-ZIP
BOCA RATON, FL 33496

TITLE
PLV/S/T/D Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *Barry Goodman* *Barry Goodman* *4/6/05* *561-445-3049*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #