2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L44401

1. Entity Name

R.D.S. CONSTRUCTION SERVICES, INC.



FILED Feb 22, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1876 HEDDEN PLACE VERO BEACH, FL 32966 1876 HEDDEN PLACE VERO BEACH, FL 32966



DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SANT ANGELO, RONALD L. 1876 HEDDEN PL VERO BEACH, FL 32966 DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the put the obligations of registered agent. | urpose of changing its registere | ed office or registered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|--|--------------------------------------|---|
| Signature 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, 2007 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | |
| 10. OFFICERS AND DIRECT PST SANT ANGELO, RONALD L. STREET ADDRESS 1876 HEDDEN PL VERO BEACH, FL 32966 | TORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | U00000644842 03/02/07-80061-001 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |

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 of the information.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 772 569 2011/K