


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State


05-16-2007 90022 022 ***150.00

DOCUMENT # M19390		
1. Entity Name RYDER COMMUNICATIONS, INC.		

Principal Place of Business 4630 N UNIVERSITY STE 211 CORAL SPRINGS, FL 33067 US	Mailing Address 4630 N UNIVERSITY STE 211 CORAL SPRINGS, FL 33067 US
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2. Principal Place of Business - No P.O. Box # 4630 No. University Dr.	3. Mailing Address 4630 No. University Dr.
Suite, Apt. #, etc. Ste. 435	Suite, Apt. #, etc. Ste. 435
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33067	Zip 33067

40114611



05062007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2588290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RYDER, DAVID 4630 N UNIVERSITY DR STE 211 CORAL SPRINGS, FL 33067	7. Name and Address of New Registered Agent Name David Ryder Street Address (P.O. Box Number is Not Acceptable) 4630 No. University Dr. #435 City Coral Springs FL Zip Code 33067
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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 David Ryder, Pres. DATE 5/7/07

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

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYDER, DAVID 4630 N UNIVERSITY DR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: David Ryder, Pres. DATE 5/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR