2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M66839

1. Entity Name
RODALE, INC.

Principal Place of Business	Mailing Address
8010 N. UNIVERSITY DRIVE 2ND FLOOR TAMARAC, FL 33321	8010 N. UNIVERSITY DRIVE 2ND FLOOR TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

03152005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0031938	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LETTMAN, ROBERT D.
8010 N. UNIVERSITY DR.
2ND FLOOR
TAMARAC, FL 33321

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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_____

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

TITLE	PD
NAME	LETTMAN, ROBERT D.
STREET ADDRESS	8010 N. UNIVERSITY DR.
CITY-ST-ZIP	TAMARAC, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/21/05-80006-007 150.00

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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_____   3/17/05   954-720-0555

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