ANNUAL REPORT

2007 FOR PROFIT CORPORATION FILED Feb 19, 2007 08:00 Al DOCUMENT # M77445 **Secretary of State** 1. Entity Name RANDLE COMMUNICATIONS, INC. Mailing Address Principal Place of Business JOHN RANDLE JOHN RANDLE 228 SHADY OAKS CIRCLE 228 SHADY OAKS CIRCLE LAKE MARY, FL 32746 LAKE MARY, FL 32746 02052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2923660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RANDLE, JOHN 228 SHADY OAKS CIRCLE LAKE MARY, FL 32746 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000633172 02/28/07-80016-003 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPS TITLE NAME RANDLE, JOHN STREET ADDRESS 228 SHADY OAKS CIRCLE CITY-ST-ZIP LAKE MARY, FL TITLE RANDLE, PAMELA NAME STREET ADDRESS 228 SHADY OAKS CIRCLE CITY-ST-ZIP LAKE MARY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ППF NAME STREET ADDRESS

Daytime Phone #