2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# N06000009981

Entity Name: RADICAL RIDERS INC.

Current Principal Place of Business:

360 LANGFORD DR.
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

360 LANGFORD DR.
CHULUOTA, FL 32766

New Mailing Address:

FEI Number: 73-1640028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KROGMAN, MICHELE
360 LANGFORD DR.
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	KROGMAN, MICHELE	
Address:	360 LANGFORD DR.	
City-St-Zip:	CHULUOTA, FL 32766	
Title:	DV	( ) Delete
Name:	KROGMAN, ROBERT	
Address:	360 LANGFORD DR.	
City-St-Zip:	CHULUOTA, FL 32766	
Title:	D	( ) Delete
Name:	JOHNSON, GREGG	
Address:	43449 ELK RUN	
City-St-Zip:	STEAMBOAT SPRINGS, CO 80487	
Title:	D	( ) Delete
Name:	JONES, MARILOU	
Address:	P.O. BOX 770951	
City-St-Zip:	STEAMBOAT SPRINGS, CO 80477	
Title:	D	( ) Delete
Name:	GROEN, DAVE	
Address:	10149 S. SILVER MAPLE CIR.	
City-St-Zip:	HIGHLANDS RANCH, CO 80129	
Title:	D	( ) Delete
Name:	GROEN, BETTY	
Address:	10149 S. SILVER MAPLE CIR.	
City-St-Zip:	HIGHLANDS RANCH, CO 80129	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE KROGMAN DP 04/17/2007

Electronic Signature of Signing Officer or Director — Date