


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90004 014 ***150.00

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| DOCUMENT # P00000107832 |  |
| 1. Entity Name FDR INDUSTRIES, INC. | |

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| Principal Place of Business 491 NORTHWEST 42ND AVENUE 16 PLANTATION, FL 33317 | Mailing Address 491 NORTHWEST 42ND AVENUE 16 PLANTATION, FL 33317 |
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| 2. Principal Place of Business - No P.O. Box # 990 NW 1ST STREET Suite, Apt. #, etc. UNIT # 7 | 3. Mailing Address 990 NW 1ST STREET Suite, Apt. #, etc. UNIT # 7 |
|---|---|

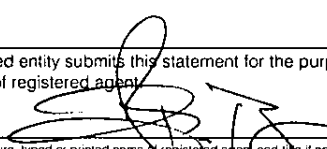
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|----------------------------------|----------------------------------|
| City & State Miami, FL | City & State Miami, FL |
| Zip 33128 | Zip 33128 |
| Country USA | Country USA |

40011887



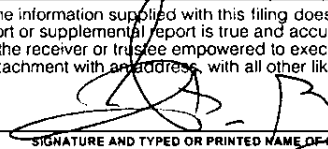
01252008 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent REYNOLDS, FRED SR 491 NORTHWEST 42ND AVENUE #16 PLANTATION, FL 33317 | |
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| 7. Name and Address of New Registered Agent Name FRED D. REYNOLDS, SR Street Address (P.O. Box Number is Not Acceptable) 990 NW 1ST STREET # 7 City Miami FL Zip Code 33128 | |
| 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. FRED D. REYNOLDS, SR SIGNATURE  DATE 1/25/08 (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTSD GANTT, CAROLYN 3057 LOWELL AVENUE JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GANTT, CAROLYN 5821 SAN JUAN AVE #122 JACKSONVILLE, FLORIDA 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REYNOLDS, SR, FRED 491 NORTHWEST 42 AVENUE #16 PLANTATION, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS FRED D. REYNOLDS, SR 990 NW 1ST STREET # 7 MIAMI, FLORIDA 33128-1239 <input checked="" 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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| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date: 1/25/08 Daytime Phone #: 957 803 7721 |