2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P02000010599

Entity Name: RD ENTERPRISES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1600 WATKINS RD
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1600 WATKINS RD
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 02-0538390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIPPENSTEEL, TRACEY
1500 WATKINS RD
HAINES CITY, FL 33844 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HIPPENSTEEL, TRACEY
Address: 1500 WATKINS RD
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: HIPPENSTEEL, RONALD
Address: 1500 WATKINS RD
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: MERCER, DWAYNE
Address: 1700 WATKINS RD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S,T (X) Change ( ) Addition
Name: HIPPENSTEEL, TRACEY
Address: 1500 WATKINS RD
City-St-Zip: HAINES CITY, FL 33844

Title: P (X) Change ( ) Addition
Name: HIPPENSTEEL, RONALD
Address: 1500 WATKINS RD
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Change ( ) Addition
Name: MERCER, DWAYNE
Address: 1700 WATKINS RD
City-St-Zip: HAINES CITY, FL 33844

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY HIPPENSTEEL S,T 04/23/2007

Electronic Signature of Signing Officer or Director — Date