


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90045 024 \*\*\*150.00

<b>DOCUMENT # P02000083553</b>	
1. Entity Name <b>RDK INTERNATIONAL, INC.</b>	

Principal Place of Business <b>316 KENSEY LANE OSPNEY, FL 34229</b>	Mailing Address <b>344 21ST AVE NE ST PETERSBURG, FL 33704</b>
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2. Principal Place of Business <b>344 21ST AVE N.E.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. PETERSBURG FL</b>	City & State
Zip <b>33704</b>	Country <b>PINELLAS</b>

6. Name and Address of Current Registered Agent <b>CHERP, RONALD M 3859 BEE RIDGE ROAD SUITE 101 SARASOTA, FL 34233</b>	
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7. Name and Address of New Registered Agent Name <b>DONNA KUTINSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>344 21ST AVE. N.E.</b> City <b>ST. PETERSBURG</b> FL <b>33704</b>	
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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 <b>Donna Kutinsky</b> DATE <b>3-22-04</b>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTINSKY, DONNA 344 21ST AVE NE ST PETERSBURG, FL 33704 <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 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 <b>Donna Kutinsky</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>3-22-04</b> Daytime Phone # <b>941-685-7323</b>