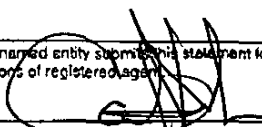
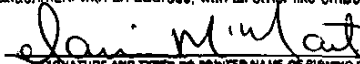


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90429 005 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000011154			
1. Entity Name RIGADOON, INC.			
Principal Place of Business 500 STIRLING ROAD DANIA BEACH, FL 33004		Mailing Address P.O. BOX 22181 FT. LAUDERDALE, FL 33335	
2. Principal Place of Business 147 NW 3rd Ave.		3. Mailing Address P.O. Box 22181	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dania Beach FL		City & State Ft. Lauderdale FL	
Zip 33004	Country U.S.A.	Zip 33335	Country U.S.A.
4. FEI Number 57-1148433		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICKS, CARL 500 STIRLING ROAD DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 147 NW 3rd Ave. City Dania Beach FL Zip Code 33004	
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 		CARL RICKS 4/29/05 DATE	
Signature: has been affixed by the registered agent and this is applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S RICKS, CARL 500 STIRLING ROAD DANIA BEACH, FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T MCMARTIN, ELAINE 500 STIRLING ROAD DANIA BEACH, FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Elaine McMartin 04/29/05 954-924-8008 Date Daytime Phone	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			