2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 21, 2007
Secretary of State

DOCUMENT# P03000049159

Entity Name: RAL DEVELOPERS, INC.

Current Principal Place of Business:

1448 COLLINGSWOOD AVENUE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990508
NAPLES, FL 34116

New Mailing Address:

P.O. BOX 990519
NAPLES, FL 34116

FEI Number: 27-0056239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LIY, ANADENIA
1448 COLLINGSWOOD AVENUE
MARCO ISLAND, FL 34145 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: ANADENIA LIY
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LIY, RAFAEL
Address: P.O. BOX 990508
City-St-Zip: NAPLES, FL 34116 US

Title: VP ( ) Delete
Name: LEON, ANAHIDIA
Address: 1448 COLLINGSWOOD AVENUE
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: S/T ( ) Delete
Name: LIY, ANADENIA
Address: 1448 COLLINGSWOOD AVENUE
City-St-Zip: MARCO ISLAND, FL 34145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LIY, RAFAEL
Address: P.O. BOX 990519
City-St-Zip: NAPLES, FL 34116 US

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 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: ANADENIA LIY S/T 05/21/2007
Electronic Signature of Signing Officer or Director Date