SIGNATURE

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2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-10-2005 90055 014 ***150.00 DOCUMENT # P03000066923 R.D. MARINA II, INC. Principal Place of Business Mailing Address 50013287 417 - 12TH STREET WEST 417 - 12TH STREET WEST SUITE 200 SUITE 200 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E034 (10/03) ಎ ೦ತ City & State City & State 4. FEI Number Applied For 06-1700475 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENE, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 1301 - 6TH AVENUE WEST SUITE 400 BRADENTON, FL 34205 City Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE CARTER, MICHAEL M NAME 417-1245 ST.W. SUITE 203 STREET ADDRESS 1201 - 9TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP Change ☐ Addition VΡ TITLE ☐ Delete TITLE WALKER, LINDA MAME 417-12 TU ST.W. SUITE 203 STREET ADDRESS 417 - 12TH STREET WEST, SUITE 200 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP Change ☐ Addition TILLE TITLE ☐ Delete CARTER, MICHAEL M 417-1245 ST. W. Suite 203 1201 - 9TH AVENUE WEST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

FILED Feb 10, 2005 8:00 am