2008 FOR PROFIT CORPORATION

Apr 15, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P03000089266** 1. Entity Name RAGDAD, INC. Mailing Address Principal Place of Business 2229 VINSON LN 2229 VINSON LN JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 CR2E034 (11/05) 04012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2099428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent SANDY & NELSON, P.A. DO NOT WRITE 29 OLD KINGS ROAD NORTH IN THIS SPACE PALM COAST, FL 32137 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE STOKES, DEBORAH L NAME 2229 VINSON LN STREET ADDRESS U00000898347 04/25/08-80085-002 150.00 CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE STOKES, KAREN D NAME STREET ADDRESS 2229 VINSON LN CITY-ST-7IP JACKSONVILLE, FL 32207 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an at

SIGNATURE:

STREET ADDRESS CITY-ST-7/P

NTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED