

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                                         |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # P03000158158</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                        |                                                              |
| 1. Entity Name:<br><b>RANDA'S GROUP, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                         |                                                              |
| Principal Place of Business<br><b>5445 DAVID BLVD<br/>PORT CHARLOTTE, FL 33981 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | Mailing Address<br><b>5445 DAVID BLVD<br/>PORT CHARLOTTE, FL 33981 US</b>                                                               |                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | 3. Mailing Address                                                                                                                      |                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | Suite, Apt. #, etc.                                                                                                                     |                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | City & State                                                                                                                            |                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                                    | Zip                                                                                                                                     | Country                                                      |
| 4. FEI Number<br><b>10-0536395</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | Applied For<br><input type="checkbox"/> No. Applicable                                                                                  |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | \$8.75 Additional Fee Required                                                                                                          |                                                              |
| 6. Name and Address of Current Registered Agent<br><b>MOSCARDINI, THOMAS L<br/>5445 DAVID BLVD<br/>PORT CHARLOTTE, FL 33981</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                                         |                                                              |
| SIGNATURE _____<br><small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                         |                                                              |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | 9. Election Campaign Financing<br>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 2005                                                                                 |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VPD<br>MOSCARDINI, THOMAS L<br>5445 DAVID BLVD<br>PORT CHARLOTTE, FL 33981 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>800060497228</b><br><b>10/11/05--01055--009 **\$50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>800060497228</b><br><b>10/11/05--01055--009 **\$50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>800060497228</b><br><b>10/11/05--01055--009 **\$50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>800060497228</b><br><b>10/11/05--01055--009 **\$50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>800060497228</b><br><b>10/11/05--01055--009 **\$50.00</b> |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: <i>Thomas L. Moscardini</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | 10/8/2005 (941) 697-6672                                                                                                                |                                                              |
| SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | DATE                                                                                                                                    |                                                              |

10/11/05