2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095018

Entity Name: RD FLORIDA NO. 1, INC.

Name:

Address:

City-St-Zip:

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 401 CITY LINE AVE STE 710 BALA CYNWYD, PA 19004 **Current Mailing Address: New Mailing Address:** 401 CITY LINE AVE STE 710 BALA CYNWYD, PA 19004 FEI Number: 20-1611940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWKINS, MATHEWS PA HAWKINS, MATHEWS PA ATTN: ROBERT A GILMORE ATTN: DANA C. MATTHEWS 4475 LEGENDARY DR 4475 LEGENDARY DR DESTIN, FL 32541 US DESTIN, FL 32541 US 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: DANA C. MATTHEWS 02/07/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DILSHEIMER, RICHARD H Name: Name: 401 CITY LINE AVENUE SUITE 710 Address: Address: City-St-Zip: BALA CYNWYD, PA 19004 City-St-Zip: () Delete Title: VP/S Title: () Change () Addition Name: DILSHEIMER, ROBERT Name: 401 CITY LINE AVENUE SUITE 710 Address: Address: BALA CYNWYD, PA 19004 City-St-Zip: City-St-Zip: () Delete Title: Title: **VPAS** () Change () Addition DILSHEIMER, THOMAS S Name: Name: 401 CITY LINE AVENUE SUITE 710 Address: Address: City-St-Zip: BALA CYNWYD, PA 19004 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, MAURY

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD H. DILSHEIMER D/P 02/07/2007

401 CITY LINE AVENUE SUITE 710

BALA CYNWYD, PA 19004