

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000119931

1. Entity Name
RAE DEVELOPMENT GROUP, INC.



Principal Place of Business
**10912 N 56 ST
TEMPLE TERRACE, FL 33617-3004**

Mailing Address
**10912 N 56 ST
TEMPLE TERRACE, FL 33617-3004**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1474629

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRIDELLA, MICHAEL
10912 N 56 ST
TEMPLE TERRACE, FL 33617-3004**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000628462
02/16/07-80016-005 300.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRIDELLA, MICHAEL
STREET ADDRESS	10912 N 56 ST
CITY-ST-ZIP	TEMPLE TERRACE, FL 336173004

TITLE	DV
NAME	FRIDELLA, TRISHA R
STREET ADDRESS	10912 N 56 ST
CITY-ST-ZIP	TEMPLE TERRACE, FL 336173004

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07
Date

813-984-1533
Daytime Phone #