


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # P04000125737 1. Entity Name RYDAN GROUP INC.	
--	---

Principal Place of Business 429 RIDGE RD CASSELBERRY, FL 32730 US	Mailing Address 429 RIDGE RD CASSELBERRY, FL 32730 US
---	---

DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1833474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBER, JAMES D
429 RIDGE ROAD
FERN PARK, FL 32730

**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 _____ (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: <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000730172 05/08/07-80069-003 100.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HUBER, JAMES D 429 RIDGE RD FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUBER, JAMES C 429 RIDGE RD FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUBER, PETER H 429 RIDGE RD FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR HUBER, SUSAN P 429 RIDGE RD FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000730172
05/08/07-80069-003 75.00

U00000730172
05/08/07-80069-004 75.00

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:  **4-19-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #