2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

ANNUA	Secretary of State					
DOCUMENT # P05000015565 1. Entity Name RD FLORIDA NO. 7, INC.				-2006 90270 05		
Principal Place of Business Mailing Address		40]	F/		
401 CITY AVENUE STE 710 401 CITY AVENUE ST BALA CYNWYD, PA 19004 BALA CYNWYD, PA 1				90	0057	25
			1 (0.0) (0.0) (1) (0.0) (1)			
2. Principal Place of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032006 Chg-	P CR2E00	34 (11/05)	
City & State	City & State	City & State				plied For t Applicable
Zip Country	Zip	Country	5. Certificate of Status (Desired [\$8.75 Add	itional
6. Name and Address of Curren	t Registered Agent		7. Name and Address		Fee Required	1
	t riogistored rigorit	Name	1. Habits Ellig Addition	A test hegistics	BOIL	
GILMORE, ROBERT A ESQ MATTHEWS & HAWKINS, P.A.		Street Address	(P.O. Box Number Is Not A	ceptable)		
4475 LEGENDARY DRIVE : DESTIN, FL 32541				·		
- مخ:		City		FL	Zip Code	,
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its re	egistered office or registe	red agent, or both, in the S	ate of Florida. I am f	amilier with, (and accept
SIGNATURE						
Signature, typed or printed name of registered egen	n and title if applicable. (NOTE:	Registered Agent algreture require	d when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550	9. Election Campaig Trust Fund Contril	· — **	.00 May Be ded to Fees			
10. OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS	iN 11
HILE DIP Richard H. Dikheimer	☐ Delete	TITLE			☐ Change	Addition
	0	NAME				
STREET ADDRESS 401 CX44 AUE, SUITE III	_	STREET ACCRESS CITY-ST-ZIP				
TITLE VPIS	□ Delete	TITLE			Change	Addition
NAME RODERT A. Dilsheimer STREETADDRESS 401 City Ave. Swite.		NAME				
STREET ADDRESS 401 City Ave , Suite)IO	STREET ADORESS				
CITY-ST-ZIP Bala Cypuyd, PA 19		CITY-ST-ZIP				
MULE VP/ASSISTANT Sec.	☐ Delete	TITLE NAME			Change	Addition
NAME Thom's S. Dilshein STREET ADDRESS 40,1 City Flue, Shite	1)(O)	STREET ADDRESS				
CHY-ST-DP Bala Cyanyd, PA 19	looy	CITY-ST-ZIP				
TITLE T	☐ Delete	TITLE			Change	■ Addition
NUME MIGURY Johnson STREET ADDRESS 401 City Ave., Suite 7	ID.	NAME CTREET LORDECCO				
CITY-ST-ZIP BOLD CYDUNA, PA IO	10-41 116	STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE	· <u>-</u> ·		☐ Change	Addition
NAME		KAME			-	
STREET ADDRESS		STREET AODRESS				
CHY-SI-ZIP	□ Patas	CITY-ST-ZIP			Change	Addition
NAME .	☐ Delete	TITLE			C cuante	
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP		·		
12. I hereby certily that the information supplied w	ith this filing closs not qualify for	the exemptions contains	d in Chapter 119, Florida S	tatutes. I further cert	ify that the in	iformation

12. Thereby certify that the intermation supplied with this hillowages not quality for the exemptions contained in Chapter 119, Fronce Statutes. I further certify that the information indicated on this report of suppliemental report is true and eccurate 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 repetition or the repetition or 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 STAND TYPED OR PRINTED NAME OF BRINKS OFFICER OR DIRECTOR

Richard H.Dilcheimer

610 - 617 - 9300 Daytime Phone #