


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000024787</b> 1. Entity Name <b>RAGDOLL, INC.</b>					
Principal Place of Business <b>7072 BERACASA WAY BOCA RATON FL 33433 US</b>				Mailing Address <b>7072 BERA CASA WAY BOCA RATON FL 33433 US</b>	
2. Principal Place of Business - No. P.O. Box # <b>0000</b>				3. Mailing Address - No. P.O. Box # <b>0000</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		1st MOORE CR2E034 (10/07)	
City & State 		City & State 		4. FEI Number <b>13-4294083</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 	Country 	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SORKOWITZ, SONDRA 7072 BERACASA WAY BOCA RATON FL 33433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <b>LEJEUNE, ELISSA</b> <b>7072 BERA CASA WAY</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D <b>SORKOWITZ, SONDRA</b> <b>7072 BERA CASA WAY</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <i>Sondra Sorkowitz</i> <b>2/20/08</b> <b>561-388-7600</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					