2007 FOR PROFIT CORPORATION

FILED Jan 22, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P05000152097** 01-22-2007 90084 039 ***150.00 RD LABOR CONSULTANTS, INC. Principal Place of Business Mailing Address C/O RONALD DAVIS C/O RONALD DAVIS 3370 N.E. 190 ST. APT 1606 3370 N.E. 190 ST. APT 1606 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 40 RONALS DANG - THE MONTECITOR C/O RONALD DAVIS Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-P CR2E034 (12/06) 7781 MONTECIFO City & State City & State 4. FEI Number Applied For DELRAY BEACH DELRAY REACH Not Applicable VO-3881604 Zip \$8.75 Additional 5. Certificate of Status Desired \Box 33446 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PONALD DAVIS, RONALD J. Street Address (P.O. Box Number is Not Acceptable) 3370 NE 190 STREET, APT. 1606 7781 MONTECTO PE AVENTURA, FL 33180 Zip Code 33446 DELRAY BEACH 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Change TITLE Delete TITLE ☐ Addition DAVIS, RONALDY. NAME DAVIS, RONALD J. NAME STREET ADDRESS 3370 NE 190 STREET, APT. 1606 STREET ADDRESS 7781 MONTECTO PL CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP DELRAY BEACH, FL TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filling 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.