2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 06, 2008 8:00 am Secretary of State **DOCUMENT # P07000111280** 08-06-2008 90019 010 ***150.00 1. Entity Name **RDH SALES LTD INC** Mailing Address Principal Place of Business 000 *Y -22336 CALIBRE COURT 22336 CALIBRE COURT 601 601 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 CR2E034 (12/06) City & State 4. FE! Number Applied For City & State Not Applicable Zip Country \$8.75 Additional Zip Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUDNER, MORDECAI Street Address (P.O. Box Number is Not Acceptable) 17682 SEALAKES DRIVE **BOCA RATON, FL 33498** Zip Code City 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 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOWILL FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change Addition TITLE HIRSCH, RICHARD NAME NAME STREET ADDRESS 22336 CALIBRE COURT #601 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33498 ☐ Change ☐ Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP 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 cont 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 Richard Hirst 16

FILED

Daytime Phone #