

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000000719 1. Entity Name RENALDO DESIGN COMPANIES, INC.	
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Principal Place of Business 4622 RUE BORDEAUX LUTZ, FL 33558 US	Mailing Address 4622 RUE BORDEAUX LUTZ, FL 33558 US
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DO NOT WRITE IN THIS SPACE



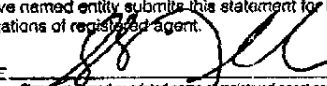
02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3156626	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RENALDO, JAMES A
4622 RUE BORDEAUX
LUTZ, FL 33558**

**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  DATE **2/23/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

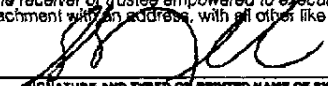
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENALDO, PATRICIA A 4622 RUE BORDEAUX LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENALDO, JAMES A 4622 RUE BORDEAUX LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENALDO, DIANA 4622 RUE BORDEAUX LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENALDO, STUART J 4622 RUE BORDEAUX LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

RECEIVED 4-8301
12/09/06-80006-022 150.00

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:  DATE **2/23/06** DAYTIME PHONE # **813-695-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR