## FILED May 01, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000084216  1. Entity Name RT&D HOLDINGS, INC.					05-01-2007 90055 006 ***150.00				
Principal Place	e of Business	Mailing Address	I.						
2502 N ROCKY PT DR SUITE 1050 TAMPA, FL 33607		2502 N ROCKY PT DR SUITE 1050 TAMPA, FL 33607		٠.		096795		<b>3</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-P	CR2E03	14 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-3213368 Not Applicate				
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent	
STROHAUER, GARY N 1150 CLEVELAND ST, 3RD FLOOR CLEARWATER, FL 33755				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
	•								
				City			FL	Zip Code	9
	named entity submits this statement for	or the purpose of changing its i	registere	d office or register	ed agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept
tue ooligat	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent	Agent signature required	twhen reinstating)		DATE		<del></del>		
	Signature of particle rate of registrator registr	The state of the s	. riogisioroo	- Acut adi entre retaine	well landstating,	·			
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.					.00 May Be				
		OO Trust Fund Contr	ibution.	⊔ A00	ed to Fees				
			<b>11</b> .	A00	ed to Fees	CHANGES TO OFF	FICERS AND	DIRECTORS	3 IN 11
After Ma	ay 1, 2007 Fee will be \$550.  OFFICERS AND		11.		ed to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
After Ma  10.  TITLE  NAME	ay 1, 2007 Fee will be \$550.  OFFICERS AND S RYAN, JOHN M	DIRECTORS	11.		ed to Fees	CHANGES TO OFF			
After Ma	ay 1, 2007 Fee will be \$550.  OFFICERS AND	DIRECTORS	11. TITLE NAME STREE		ed to Fees	CHANGES TO OFF			
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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 suppliemental 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR-