2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

DOCUMENT # P95000069975 1. Entity Name RDN, INC.	Name			04-18-200	7 90171 0	27 ***15	50.00
2048 NE 155TH ST -2046	5TH ST2046 NE 155TH ST			•			
2. Principal Place of Business - No R.O. Box # 3. Mailing Address 4801 Linton Blvd.							
Suite, Apt. #, etc. Suite, Apt. #, etc. 11-A - 6/7			02262007 Chg-P CR2E034 (12/06)				
DELRAY BEACH, FL DEL			4. FEI Numbe			<u> </u>	plied For Applicable
33445 PALMBEACK 33	BX 45 Pal	m BEACL		of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent Name NELSON, RICHARD 2046 NE 155TH ST Street Address		- A-C	7. Name and Address of New Registered Agent Sep 1				
WORTH MIAMI BEACH, FJ. 33162, USOI LINTON BLVd, 11A-617			<u>LINTON</u> -617	BLVd.			
DELRAY BEACH. FL 33	445	City DELR	AY BE	ACL	FL	Zip Code	445
The above named entity submits this statement for the purposition obligations of registered areas.	se of changing its register	red office or register	red agent, or bo	th, in the State of F	lorida. I am fa	amiliar with, a	and accept
SIGNATURE Signature, proof of printed name of registered agent and title if apple	d NELSON cable. (NOTE: Register	red Agent signature required	d when reinstating)		2 2	60	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	encing \$5	.00 May Be led to Fees				
10. OFFICERS AND DIRECTOR			ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE D Delete TITL NAME NELSON, RICHARD D Delete		LE NE	Lson, R	ichard on Blud BEACL	11A - 6	Øtchange 6/7	☐ Addition
201011210011		TEET ADDRESS 48	LRAY	BEACH	, FC 3	344	
TITLE	☐ Delete TITE	LE				Change	☐ Addition
NAME STREET ADDRESS	STF	REET ADDRESS Y-ST-ZIP]
TITLE	Delete TITL					☐ Change	Addition
NAME STREET ADDRESS	NAJ STF	ME Reet adoress					
CITY-SI-ZIP	CIT	Y-SI-ZIP					
TITLE NAME	Delete TITI	,				☐ Change	Addition \
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TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS CITY-SI-ZIP	str	REET ADORESS IY-SI-ZIP					
TITLE	☐ Delete TIT	TLE .		"		☐ Change	Addition
NAME STREET ADDRESS		ME REET ADDRESS					
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling		Y-ST-ZIP	d in Chanter 11	9. Florida Statutes	I further cert	ify that the in	nformation
12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the faceiver or trustee empowered to changed, or on an attach remarks an articless, with all oth	execute this report as requesting employers.	eature shall have the uired by Chapter 60	same legal effe 7, Florida Statut	ct as if made unde es; and that my na	r oath; that I a	m an officer n Block 10 or	or director Block 11 if
SIGNATURE:	TD 30 /000 00	d Notro	الر	2/26	rol		