


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

01-31-2005 90078 046 ***158.75

DOCUMENT # P95000090859	
1. Entity Name R.K.D., INC.	

Principal Place of Business P O BOX 4063 FT WALTON BCH, FL 32549	Mailing Address P.O. BOX 4063 FT. WALTON BEACH, FL 32549
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DO NOT WRITE IN THIS SPACE

5131, 8130.13
66003422




01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3348500	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DALEN, RONALD K P O BOX 4063 FT. WALTON BEACH, FL 32549	236 Pleasant St.

**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:  Ronald Dalen DATE: 3/2/05


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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALEN, RONALD K P O BOX 4063 FT. WALTON BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEITH, STANLEY F P O BOX 4063 FT. WALTON BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENBROOK, THOMAS P O BOX 4063 FT WALTON BCH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGGESE, NICHOLAS P O BOX 4063 FT WALTON BCH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Ronald Dalen DATE: 1/26/05 850-897-1419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR