2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 29, 2007 8:00 am Secretary of State DOCUMENT # P96000065141 03-29-2007 90012 050 ***150.00 R.D.C. - USA, INC. Principal Place of Business Mailing Address 40020 8200 BRYAN DAIRY ROAD P.O. BOX 3150 SEMINOLE, FL 33775 SUITE 310 LARGO, FL 33777 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4 FELNumber 59-3396366 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBBINS, JAMES JR Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD SUITE 3700, BARNETT PLAZA TAMPA, FL 33602 Zip Code 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.D TITLE ☐ Deicte TITLE ☐ Change Addition NAME PIOTTI, JOHN R NAME STREET ADDRESS 7872 LANTANA CREEK ROAD STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CITY-ST-ZIP TITLE 🔀 Delete TITLE Change X Addition SILVESTRO, BRIANJ. NAME PIOTTI, JOHN R NAME STREET ADDRESS 7872 LANTANA CREEK ROAD STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CITY-ST-7IP Clearwater, FL. 33764 🔀 Delete Seet. Addition **X** Change TITLE TITLE PIOTI JOHN R. Creek Road PIOTTI, JOHN R NAME NAME STREET ADDRESS 7872 LANTANA CREEK ROAD STREET ADDRESS CITY-ST-7IP LARGO, FL 33777 CITY-ST-7IP ARGO, FL . 33777 TREAS. TITLE ☐ Delete ☐ Change **▼** Addition TITLE Ripley: Cynthia A. BLVD. W. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK, FL. 33782 TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of trustee emperature 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 fifth an address, with all other like employments.

RCS/Ley

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED