2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000093815

1. Entity Name

RD&C MANAGEMENT, INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business 7758 WALLACE ROAD

SUITE F ORLANDO, FL 32819 US Mailing Address

PO BOX 108

WINDERMERE, FL 34786



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENN, RONALD E 8743 SUMMERVILLE PLACE ORLANDO, FL 32819

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent signature required when reinstating) DATE			
FILI After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	elng 🗆	\$5.00 May Be Added to Fees	000000522393 02/13/07-80024-018	150.00 -
10.	OFFICERS AND DIRECTORS					
ITTLE Name Street address City-St-Zip	PTD . FENN, RONALD E 8743 SUMMERVILLE PLACE ORLANDO, FL 32819					
TITLE	VSD					
NAME Street Address	FENN, DEBORAH A 8743 SUMMERVILLE PLACE ORLANDO, FL 32819					
CITY-ST-ZIP						
TITLE						
NAME						
STREET AODRESS City-St-Zip				DO	NOT WRITE	
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NAME Street address						
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TITLE		**************************************				
NAME -						٠.
STREET ADDRESS						

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 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: _

ULC XIM - Rinald C. Fenn NO TYPED OR PRODUCE MAKE OF SIGNANG OFFICER OR DIRECTION 16/0/ 407-350-8662