


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P96000096593 1. Entity Name ROYAL DUTCH CORPORATION	
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Principal Place of Business 3353 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308 US	Mailing Address 3353 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308 US
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01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0714962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDERS, B. PAUL  
 3353 GALT OCEAN DRIVE  
 FORT LAUDERDALE, FL 33308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

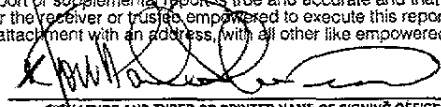
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SCHROEDERS, JON PAUL 3353 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHROEDERS, LUCY E 3353 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308
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 01/28/07-80071-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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 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:  **JON PAUL SCHROEDERS** 1/22/07 (954) 565-5437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #