2008 FOR PROFIT CORPORATION

FILED Apr 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P99000111343 RCL INTERNATIONAL, INC. Principal Place of Business Mailing Address **1815 N STATE 1815 N STATE** RD 7 MARGATE, FL 33063 MARGATE, FL 33063 No Chg-P CR2E034 (11/05) 01252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0969653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAFFORD, C DO NOT WRITE 1815 N. STATE RD 7 MARGATE, FL 33063 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PAFFORD, CURT NAME STREET ADDRESS 1815 N. STATE RD 7 U00000876591 CITY-ST-ZIP MARGATE, FL 33063 TITLE NAME WILLIAMS, RICHARD STREET ADDRESS 1815 N. STATE RD 7 CITY-ST-ZIP POMPANO BEACH, FL 33063 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.