


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90254 006 ***150.00

DOCUMENT S20187 1. Entity Name R A D INC.			
Principal Place of Business 5001 N. COOLIDGE AVE. TAMPA, FL 33614 US		Mailing Address 16528 N. DALE MABRY HWY TAMPA, FL 33618 US	
2. Principal Place of Business <i>5456-C W. Crenshaw St</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Tampa, FL</i>		City & State Suite, Apt. #, etc.	
Zip <i>33634</i>		Country <i>US</i>	
4. FEI Number 59-3046859		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N. DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Walter Sanders</i> <i>Walter Sanders</i> <i>4/26/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, RAYMOND A. 5001 N. COOLIDGE AVE. TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Doyle, Raymond 5456-C W. Crenshaw St Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, CYNTHIA 5001 N. COOLIDGE AVENUE TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doyle Cynthia 5456-C W. Crenshaw St Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Raymond Doyle</i> <i>Raymond Doyle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4/26/06</i> <small>Date Daytime Phone #</small>	