


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90412 042 \*\*\*150.00

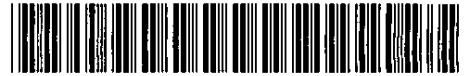
**DOCUMENT # P97000047985**

1. Entity Name  
**RADBOUD PROPERTIES, INC.**



Principal Place of Business  
 1270 N. EGLIN PKY., STE. D  
 SHALIMAR FL 32579

Mailing Address  
 PO BOX 857  
 SHALIMAR FL 32579  
 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO. Box 816**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**SHALIMAR, FL**

4. FEI Number **59-3450190** Applied For  
 Not Applicable

Zip **32579** Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name **Michelle Anchors, Esq**  
 Street Address (P.O. Box Numbers Not Applicable) **901 MARK WALK DRIVE**  
**Suite 1014**  
 City **Ft. Walton Beach** **FL** Zip Code **32547**

8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michelle Anchors (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BEUKENKAMP, FELIX A	
STREET ADDRESS	1270 N. EGLIN PKWY, SUITE D	
CITY - ST - ZIP	SHALIMAR FL 32579	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TESSIER, PAUL R	
STREET ADDRESS	1270 N. EGLIN PKWY, SUITE D	
CITY - ST - ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Felix A. Beukenkamp **FELIX A. BEUKENKAMP** 2/5/07 890-651-8673  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #