## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2005 08:00 AM Secretary of State

| DOCUMENT # P03000029823  1. Entity Name RESULTS DRIVEN INC.   |  |
|---|--|
| Principal Place of Business Mailing Address 97 CITRUS PARK LANE 97 CITRUS PARK LANE BOYNTON BEACH, FL 33436 US BOYNTON BEACH, FL 33436  | US   |
| DO NOT WRITE IN THIS SPA  | O4042005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 33-1075822 Not Applicable  5. Certilicate of Status Desired   \$8.75 Additional Fee Regulired |
| DIOGO, RICK M<br>97 CITRUS PARK LANE  | DO NOT WRITE   |
| BOYNTON BEACH, FL 33436   | 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 tible if apolicable. (NOTE Registere  | od Agent signature required when renetating) DATE  |
| FILE NOW!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.   |  |
| 10. OFFICERS AND DIRECTORS  |  |
| NAME DIOGO, RICK M<br>STREET ADDRESS 97 CITRUS PARK LANE  |  |
| CITY-ST-ZIP BOYNTON BEACH, FL 33436   | 100000291278   |
| NAME<br>SIREET ADDRESS  | n4/07/05-80024-008 150. <b>00</b>  |
| CITY-ST 2IP   |  |
| NAME<br>STREET ADDRESS  | DO NOT WRITE   |
| CITY-ST-ZIP   | DO NOT WRITE IN THIS SPACE   |
| NAME<br>STREET ADDRESS  | IN THIS SPACE  |
| CITY-ST-ZIP   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| NAME STREET ADDRESS   |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAD OFFICER OR DIRECT  | 4 1 05 561 743 5334 STOR   |