


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 8:00 am**  
**Secretary of State**

01-05-2006 90001 049 \*\*\*150.00

DOCUMENT # P04000071603

1. Entity Name  
 RD RESOURCES INC.



Principal Place of Business      Mailing Address

58 COMMERCIAL WAY      PO BOX 5037  
 SPRING HILL, FL 34606 US      SPRING HILL, FL 34611 US



04182005    Chg-P    CR2E034 (10/03)

2. Principal Place of Business      3. Mailing Address

9914 San Diego Way      9914 San Diego Way  
 Suite, Apt. #, etc.      Suite

PT Richey      PT Richey, FL  
 City & State      City & State

PT Richey      FL      PT Richey, FL  
 City & State      City & State

34668      US      34668      US  
 Zip      Country      Zip      Country

4. FEI Number      Applied For

20-1073964      Not Applicable

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

6. Name and Address of Current Registered Agent

WASIELEWSKI, ROBERT D  
 9914 San Diego Way  
 PT Richey, FL 34668

7. Name and Address of New Registered Agent

Name: RD Resources / Robert Wasielewski  
 Street Address (P.O. Box Number is Not Acceptable): 9914 San Diego Way  
 City: PT Richey, FL 34668

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: *Robert Wasielewski President*      DATE: 1/7/06

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIELEWSKI, ROBERT D	NAME	
STREET ADDRESS	PO BOX 5037	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34611	CITY-ST-ZIP	
TITLE	V,D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIELEWSKI, DEBRA A	NAME	
STREET ADDRESS	PO BOX 5037	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34611	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Robert Wasielewski President*      DATE: 1/7/06

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