2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 29, 2006 08:00 AM DOCUMENT # H49583 **Secretary of State** 1. Entity Name RESOURCE DEVELOPMENT INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 622 E. WASHINGTON ST. 622 E. WASHINGTON ST. SUITE 300 SUITE 300 ORLANDO, FL 32801 ORLANDO, FL 32801 CR2E034 (11/05) No Chg-P 02072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2574749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WEBSTER, RONALD S. DO NOT WRITE 118 E. JEFFERSON STREET ORLANDO, FL 32801 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) BATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD SSLE MORRIS, SUSAN NAME 622 E. WASHINGTON STREET, SUITE 300 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 11100001484476 3133 F NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE BLABAE STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DILY-ST-ZIP 3316 NAME STRLET ADDRESS CITY-ST-ZYP

CITY-ST-ZIP IINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR