

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H58833
 1. Entity Name
EDP, INC.



Principal Place of Business 1700 TAMAMI TRAIL G-1 PORT CHARLOTTE, FL 33948 US	Mailing Address 1700 TAMAMI TRAIL G-1 PORT CHARLOTTE, FL 33948 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2532034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fes Required

6. Name and Address of Current Registered Agent
 DE PAIVA, ELIZABETH
 1700 TAMAMI TRAIL
 PORT CHARLOTTE, FL 33948

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DEPAIVA, EDWARD 3418 DECK ST. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DEPAIVA, ELIZABETH 3418 DECK ST. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/25/06-80017-024 150.00

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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: Elizabeth de Paiva ELIZABETH de PAIVA / 5/10/06 941-627-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #