

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L76338

**FILED  
Jun 27, 2006  
Secretary of State**

**Entity Name:** R & D MCLEOD, INC.

**Current Principal Place of Business:**

2454 NE DIXIE HWY  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD MCLEOD  
1172 ORIENTAL  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 59-3006594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCLEOD, RICHARD  
1172 ORIENTAL  
PORT ST. LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCLEOD, RICHARD,  
Address: 1172 ORIENTAL  
City-St-Zip: PORT ST LUCIE, FL 34957

Title: D ( ) Delete  
Name: MCLEOD GONSIER, PAMELA  
Address: 1158 MENORES  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: MCLEOD, DIANE,  
Address: 1172 ORIENTAL  
City-St-Zip: PORT ST LUCIE, FL 34957

Title: D ( ) Delete  
Name: MCLEOD, TODD,  
Address: 2244 NE ARCH  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MCLEOD

D

06/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date