
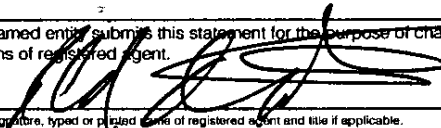
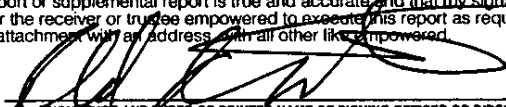


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90008 022 ***150.00

DOCUMENT # P00000016715 1. Entity Name RVD GROUP, INC.					
Principal Place of Business 9301 OLD KINGS ROAD JACKSONVILLE, FL 32257			Mailing Address 9301 OLD KINGS ROAD JACKSONVILLE, FL 32257		
2. Principal Place of Business 9310 Old Kings Road S Suite 1902 Jacksonville, FL		3. Mailing Address 9310 Old King Road S Suite 1902 Jacksonville, FL		02222006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3628513		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOSTIE, RICHARD R. 93010 OLD KINGS RD S JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name: Dostie, Richard R Street Address (P.O. Box Number is Not Acceptable): 9310 Old King Road S Suite 1902 City: Jacksonville FL Zip Code: 32257		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOSTIE, RICHARD R 9301 OLD KINGS ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9310 Old Kings Road, S. Suite 1902 Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DOSTIE, CHRISTOPHER C 9301 OLD KINGS RD. S. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9310 Old King Road S. Suite 1902 Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOSTIE, RICHARD JR 9301 OLD KINGS RD. S. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9310 Old Kings Road S. Suite 1902 Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOSTIE, VIRGINIA M 9301 OLD KINGS RD S JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPIS 9310 Old King Rd, S., Suite 1902 Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: Daytime Phone #:					