

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 15, 2004 8:00 am
Secretary of State**

01-15-2004 90006 044 ***150.00

DOCUMENT # P01000007750		
1. Entity Name TRD CONSULTING, INC.		

Principal Place of Business 15 AVENUE DELA MER STE 2205 PALM COAST, FL 32137	Mailing Address 15 AVENUE DELA MER STE 2205 PALM COAST, FL 32137
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2. Principal Place of Business 297 St Johns Golf Dr.	3. Mailing Address 297 St Johns Golf Dr.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State St Augustine, FL	City & State St Augustine, FL
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Zip 32092	Country St Johns
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DEMUYT, ROSEMARY 4062 GLENHURST DRIVE NORTH JACKSONVILLE, FL 32224	Name DeMuyt, Rosemary
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Street Address (P.O. Box Number is Not Acceptable)
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City St Augustine	Zip Code FL 32092
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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.

Rosemary DeMuyt Rosemary

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMUYT, ROSEMARY		NAME Demuyt, Rosemary	
STREET ADDRESS 15 AVE DE LA MAR		STREET ADDRESS 297 St Johns Golf Dr.	
CITY-ST-ZIP PALM COAST, FL 32137		CITY-ST-ZIP St Augustine, FL 32092	

TITLE TS	<input checked="" type="checkbox"/> Delete	TITLE TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMUYT, ROSEMARY		NAME Demuyt, Rosemary	
STREET ADDRESS 15 AVE DE LA MAR		STREET ADDRESS 297 St Johns Golf Dr.	
CITY-ST-ZIP PALM COAST, FL 32137		CITY-ST-ZIP St Augustine, FL 32092	

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	

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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 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: Rosemary DeMuyt	Date 2/15/04	Daytime Phone # 904 823-3642
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR