


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90144 048 \*\*\*150.00

<b>DOCUMENT # P01000007750</b>	
1. Entity Name TRD CONSULTING, INC.	

Principal Place of Business 297 ST JOHNS GOLF DR SAINT AUGUSTINE, FL 32092	Mailing Address 297 ST JOHNS GOLF DR STE 2205 SAINT AUGUSTINE, FL 32092
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2. Principal Place of Business - No P.O. Box # 1073 Inverness Dr	3. Mailing Address 1073 Inverness Dr
Suite, Apt. #, etc. St Augustine, FL	Suite, Apt. #, etc. St Augustine, FL
City & State	City & State
Zip 32092 Country USA	Zip 32092 Country USA



04022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3694232	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 DEMUYT, ROSEMARY 297 ST JOHNS GOLF DR SAINT AUGUSTINE, FL 32092	7. Name and Address of New Registered Agent Name DeMuyt Rosemary Street Address (P.O. Box Number is Not Acceptable) 1073 Inverness Dr, St Augustine City FL Zip Code 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.

SIGNATURE Rosemary DeMuyt DATE 3/30/07

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMUYT, ROSEMARY 297 ST JOHNS GOLF DR SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DeMuyt, Rosemary 1073 Inverness Dr. St Augustine, FL 32092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DEMUYT, ROSEMARY 297 ST JOHNS GOLF DR SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DeMuyt, Rosemary 1073 Inverness Dr St Augustine, FL 32092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMUYT, THOMAS E 297 ST JOHNS GOLF DR SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DeMuyt, Thomas 1073 Inverness Dr. St Augustine, FL 32092 <input checked="" 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
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 807, 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 3/30/07 DAYTIME PHONE # 904-940-1238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary DeMuyt