

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000097035

1. Entity Name
RD CONSULTING GROUP INC.



Principal Place of Business
3001 S OCEAN DR 11Q
HOLLYWOOD, FL 33019

Mailing Address

3001 S OCEAN DR 11Q
HOLLYWOOD, FL 33019

2. Principal Place of Business
400 Golden Isles Drive
Suite, Apt. #, etc.
20

3. Mailing Address
400 Golden Isles Drive
Suite, Apt. #, etc.
20

City & State
Hallandale FL

City & State
Hallandale FL

Zip
33009

Zip
33009

Country
USA

Country
USA

04122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1144120

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNISON, RON
3001 S OCEAN DR 11Q
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent

Name
Dennison, Ron

Street Address (P.O. Box Number is Not Acceptable)

400 Golden Isles Drive # 20

City
Hallandale Zip Code
FL 33009

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 *Ron Dennison* Ron Dennison

14 APRIL 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$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	P DENNISON, RON 3001 S OCEAN DR 11Q HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P DENNISON, RON 400 Golden Isles Drive # 20 Hallandale FL 33009</i>	<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
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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 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: *Ron Dennison* Ron E. Dennison 14 April 2004 954 663 3298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #