


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90286 033 \*\*\*150.00

<b>DOCUMENT # P02000017200</b>	
1. Entity Name W.R.D.P ENTERPRISES, INC.	

Principal Place of Business 2406 24TH AVE PALMETTO, FL 34221	Mailing Address PO BOX 2019 PALMETTO, FL 34220
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14011118



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
DELPLATO, RACHEL 233 47TH ST W BRADENTON, FL 34209	

7. Name and Address of New Registered Agent	
Name	Deanna Sabatino
Street Address (P.O. Box Number is Not Acceptable)	
	2406 24th Ave
City	Palmetto FL 34221

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	5/1/05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	
TITLE	P <input type="checkbox"/> Delete
NAME	DELPLATO, RACHEL
STREET ADDRESS	233 47TH ST. WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	ST <input type="checkbox"/> Delete
NAME	SABATINO, DEANNA
STREET ADDRESS	233 47TH ST. WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SEC / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:	9/41 723 1530