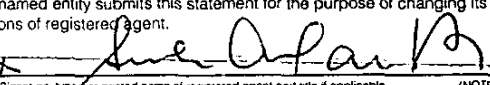
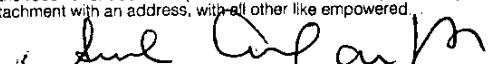


FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 029 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000084314			
1. Entity Name RDP GROUP, CORP.			
Principal Place of Business 7061 GRAND NATIONAL DR. 105-R ORLANDO-FL 32819		Mailing Address 7061 GRAND NATIONAL DR. 105-R ORLANDO, FL 32819	
2. Principal Place of Business 7061 GRAND NATIONAL DR Suite, Apt. #, etc. #142		3. Mailing Address 7061 GRAND NATIONAL DR Suite, Apt. #, etc. #142	
City & State ORLANDO-FL		City & State ORLANDO-FL	
Zip 32819		Zip 32819	
Country ORANGE		Country ORANGE	
4. FEI Number 56-2288061		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVES, SUELI GOMES MARTINS 7061 GRAND NATIONAL #105-R ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name ALVES, SUELI GOMES MARTINS Street Address (P.O. Box Number is Not Acceptable) 7061 GRAND NATIONAL #142 City ORLANDO FL Zip Code 32819	
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  DATE 04/05/2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD ALVES, SUELI GOMES M 3300 SMOKE SIGNAL CIR. KISSIMMEE, FL 34746		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
S ALVES, OLIVEIRA 3300 SMOKE SIGNAL CIR. KISSIMMEE, FL 347464636		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ 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:  DATE 04/05/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			