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Secretary of State

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000084314

1. Entity Name
RDP GROUP, CORP.

40051822

Principal Place of Business	Mailing Address
7061 GRAND NATIONAL DR. 105-R ORLANDO, FL 32819	7061 GRAND NATIONAL DR. 105-R ORLANDO, FL 32819

04042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7061 GRAND NATIONAL DR	7061 GRAND NATIONAL DR
Suite, Apt. #, etc. # 142	Suite, Apt. #, etc. # 142
City & State ORLANDO - FL	City & State ORLANDO - FL
Zip 32819 Country ORANGE	Zip 32819 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 [signature] 04/05/2005
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, 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALVES, SUELI GOMES M		NAME	
STREET ADDRESS	3300 SMOKE SIGNAL CIR.		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALVES, OLIVEIRA		NAME	
STREET ADDRESS	3300 SMOKE SIGNAL CIR.		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 347464636		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: [signature] 04/05/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #