2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90025 041 ***150.00

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03122006 Chg-P CR2E034 (11/05)

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1. Entity Name
RDP GROUP, CORP.

Principal Place of Business	Mailing Address
7061 GRAND NATIONAL DR. #142 ORLANDO, FL 32819	7061 GRAND NATIONAL DR. #142 ORLANDO, FL 32819

2. Principal Place of Business		3. Mailing Address	
7901 KingsPointe Pkwy		7901 KingsPointe Pkwy	
Suite, Apt. #, etc.: #12		Suite, Apt. #, etc.: #12	
City & State: ORLANDO FL		City & State: ORLANDO, FL	
Zip: 32819	Country: USA	Zip: 32819	Country: USA

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
142
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): 7901 KingsPointe Pkwy #12
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] DATE 04/04/06
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, 2006 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	PD ALVES, SUELI GOMES M 3300 SMOKE SIGNAL CIR. KISSIMMEE, FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVES, SUELI GOMES M KISSIMMEE FL 34746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALVES, OLIVEIRA 3300 SMOKE SIGNAL CIR. KISSIMMEE, FL 347464636	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALVES, PAULO DE OLIVEIRA KISSIMMEE FL 34746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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] 04/04/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #