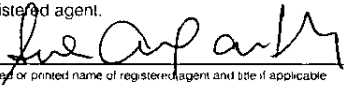
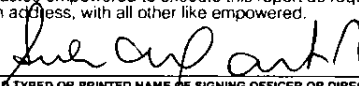


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 028 ***150.00

DOCUMENT # P02000084314 1. Entity Name RDP GROUP, CORP.					
Principal Place of Business 7901 KINGS PT PKWY 12 ORLANDO, FL 32819			Mailing Address 3300 SMOKE SIGNAL CIR KISSIMMEE, FL 34736		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 56-2288061	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALVES, SUELI GOMES MARTINS 7901 KINGS PT PKWY 12 ORLANDO, FL 32819			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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, typed or printed name of registered agent and title if applicable			DATE 01/09/08 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P.D. SILVA, CARLOS A. 12496 SW 126 AV. MIAMI - FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVES, OLIVEIRA 3300 SMOKE SIGNAL CIR. KISSIMMEE, FL 34746	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. SECRETARY ALVES, PAULO O. 3300 SMOKE SIGNAL CIR KISSIMMEE FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ALVES, SUELI GOMES M. 3300 SMOKE SIGNAL CIR. KISSIMMEE FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 01/09/08 Date Daytime Phone #		