


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067683 1. Entity Name RESTAURANT DEVELOPMENT ASSOCIATION, INC.	
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FILED
06 MAY 15 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4820 PARK BOULEVARD PINELLAS PARK, FL 33781	Mailing Address 4820 PARK BOULEVARD PINELLAS PARK, FL 33781
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2. Principal Place of Business 4711 34th STREET N Suite, Apt. #, etc. SUITE D City & State ST. PETERSBURG, FL Zip 33710 Country USA	3. Mailing Address 4711 34th St. N Suite, Apt. #, etc. SUITE D City & State ST. PETERSBURG, FL Zip 33714 Country USA
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03292006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1054035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ,
~~2240 BELLEAIR ROAD~~ 1250 S. BELCHER STE 160
 SUITE 160
 CLEARWATER, FL 33764 LARCHMONT, FL 33771

7. Name and Address of New Registered Agent

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 _____ DATE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D-MGR OBERDING, JOHN W	<input type="checkbox"/>
NAME	4820 PARK BOULEVARD	
STREET ADDRESS	PINELLAS PARK, FL 33781	
CITY-ST-ZIP		
TITLE	MGR FRANK MARINELLI	<input type="checkbox"/>
NAME	14126 WHISPERWOOD DRIVE	
STREET ADDRESS	CLEARWATER, FL 33762	
CITY-ST-ZIP		
TITLE	MGR JON GALANER	<input type="checkbox"/>
NAME	19109 LARCHMONT DR	
STREET ADDRESS	ODESSA, FL 33556	
CITY-ST-ZIP		
TITLE	MANAGER MICHAEL K. MAYHEW	<input type="checkbox"/>
NAME	115 13th AVE NE	
STREET ADDRESS	ST. PETERSBURG, FL 33701	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	400075093304		
NAME	05/23/06--01030--003		
STREET ADDRESS	**488.75		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: _____ 5/14/06 727-525-5045
Signature and typed or printed name of signing officer or director Date Daytime Phone #