

FILED
Aug 02, 2005 8:00 am
Secretary of State

50059057

DOCUMENT # P04000143894				08-02-2005 90029 044 ***150.00	
1. Entity Name THE RELATIONSHIP DEVELOPMENT CENTER, INC.					
Principal Place of Business 608 GRAND NATIONAL PLACE SEFFNER, FL 33584			Mailing Address 608 GRAND NATIONAL PLACE SEFFNER, FL 33584		
2. Principal Place of Business 101 AMERICAN CENTER PLACE Suite, Apt. #, etc. SUITE 209 City & State TAMPA, FL Zip 33619 Country US			3. Mailing Address 101 AMERICAN CENTER PLACE Suite, Apt. #, etc. SUITE 209 City & State TAMPA, FL Zip 33619 Country US		
4. FEI Number 16-1728698			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOORE, HELYN A 608 GRAND NATIONAL PLACE SEFFNER, FL 33584			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 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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME MOORE, HELYN A STREET ADDRESS 608 GRAND NATIONAL PLACE CITY-ST-ZIP SEFFNER, FL 33584			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MOORE, HELYN A STREET ADDRESS 101 AMERICAN CENTER PLACE, STE 209 CITY-ST-ZIP TAMPA FL 33619		
TITLE VP <input type="checkbox"/> Delete NAME MOORE, JAMES D STREET ADDRESS 608 GRAND NATIONAL PLACE CITY-ST-ZIP SEFFNER, FL 33584			TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MOORE, JAMES D STREET ADDRESS 101 AMERICAN CENTER PLACE, STE 209 CITY-ST-ZIP TAMPA FL 33619		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 <i>Helyn A. Moore</i> Helyn A. Moore <i>8/1/05 (813) 545-4724</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					