2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152962

Entity Name: RDP CONSULTING CORPORATION

7926 CLUB HOUSE ESTATES DR.

ORLANDO, FL 32819

Address:

City-St-Zip:

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6220 S. ORANGE BLOSSOM TRAIL 7901 KINGSPOINT PKWY 603 12 ORLANDO, FL 32809 ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 6220 S. ORANGE BLOSSOM TRAIL 7901 KINGSPOINT PKWY ORLANDO, FL 32809 ORLANDO, FL 32819 FEI Number: 20-1867447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE OLIVEIRA ALVES, PAULO LARSON, CAROLINE 3300 SMOKE SIGNAL CIR. 8818 COMMODITY CIRCLE KISSIMMEE, FL 34746 ORLANDO, FL 32819 US 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. SIGNATURE: CAROLINE LARSON 04/12/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DE OLIVEIRA ALVES, PAULO Name: Name: 3300 SMOKE SIGNAL CIR. Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: DT Title: () Delete () Change () Addition Name: DANTAS, CLENILSON D Name: 9279 N. LAKE PARKWAY Address: Address: ORLANDO, FL 32827 City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition POSEGGER, CHRISTIAN R Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAULO DE OLIVEIRA ALVES DP 04/12/2006