2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045733

Entity Name: R&D DELIVERY SERVICES, INC,

FILED Aug 07, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place | New Principal Place of Business: | |
|---|--|--|--|
| 13014 N DALE MABRY HWY | | | |
| STE # 266 TAMPA, FL 33618 US | | | |
| Current Mailing Address: | New Mailing Address | s: | |
| 13014 N DALE MABRY HWY | | | |
| STE # 266 TAMPA, FL 33618 US | | | |
| FEI Number: 65-0738665 FEI Number Applied Fo | or () FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | |
| SARLES, ROBIN 13014 N DALE MABRY HWY STE # 266 TAMPA, FL 33618 US | | | |
| The above named entity submits this statement in the State of Florida. | for the purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | |
| Electronic Signature of Registe | ered Agent | Date | |
| In accordance with s. 607.193(2)(b), F.S., the corporati Election Campaign Financing Trust Fund Contribution | | | |
| OFFICERS AND DIRECTORS: | • • | ES TO OFFICERS AND DIRECTORS: | |
| Title: P () Delete Name: SARLES, ROBIN Address: 13014 N DALE MABRY HWY #266 | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

TAMPA, FL 33618 US

City-St-Zip:

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.

SIGNATURE: ROBIN SARLES P 08/07/2006