2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2006 8:00 am Secretary of State **DOCUMENT # P05000121338** 02-07-2006 90029 028 ***150.00 1. Entity Name RZD, INC. Principal Place of Business Mailing Address 514 SW 2ND AVENUE 514 SW 2ND AVENUE OCALA, FL 34474 OCALA, FL 34474 2. Principal Place of Business 3. Mailing Address 9451 GULF BLVD 19451 Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 CR2E034 (11/05) 604 604 Gity & State 4. FEI Number Applied For 20 3323728 DIAN Not Applicable Country USA) Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DULIN, RACHEL Street Address (P.O. Box Number is Not Acceptable) 514 SW 2ND AVENUE NOTE OCALA, FL 34474 CHANGE ADDRESS City Zip Code FL 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 or registered agent and talk if applicable (NOTE: Registered Agent signature required when romstaking) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .10. PD Delate TITLE ☐ Change ■ Addition HILE DULIN, RACHEL NAME NAME 19451 GULF BLVD. STE 604 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN SHORES, FL 33785 CITY-ST-ZIP nne ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete nn s ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIZLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE ☐ Change NAME NANE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-79

12. Thereby certify that the information supplied with this fitting 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 fitting 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 employment 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 employers.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Jan 2406

FILED



ATTACHMENT
Le 6 005 2001

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

RZD, INC. 19451 GULF BLVD SUITE 604 INDIAN ROCKS BEACH, FL 33785

Subject: RZD, INC.

Reference Number:

P05000121338

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION