2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# P05000142299

Entity Name: RD PROFESSIONAL SERVICES, CORP.

Current Principal Place of Business:

838 SW PAUL REVERE TERRACE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

838 SW PAUL REVERE TERRACE
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

838 SW PAUL REVERE TERRACE
PORT ST. LUCIE, FL 34953

New Mailing Address:

838 SW PAUL REVERE TERRACE
PORT ST. LUCIE, FL 34953 US

FEI Number: 20-3662600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAXPLACE CORP.
2721 S. US 1 SUITE 9
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DRUMOND, RUI J
Address: 838 SW PAUL REVERE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: BRAGA, SILVIO
Address: 838 SW PAUL REVERE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DRUMOND, RUI J
Address: 838 SW PAUL REVERE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D (X) Change ( ) Addition
Name: BRAGA, SILVIO
Address: 838 SW PAUL REVERE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: RUI J DRUMOND PD 03/15/2006

Electronic Signature of Signing Officer or Director Date