
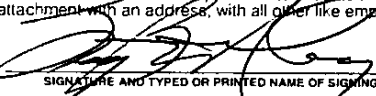


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90283 017 ***150.00

DOCUMENT # P99000040854 1. Entity Name R DESIGN AND DEVELOPMENT, INC.					
Principal Place of Business 8030 NW 96 TERR #212 TAMARAC, FL 33321			Mailing Address 8030 NW 96 TERR #212 TAMARAC, FL 33321		
2. Principal Place of Business 11342 NW 10 Manor			3. Mailing Address 11342 NW 10 Manor		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Coral Springs, Fla			City & State Coral Springs, Fla		
Zip 33071		Country USA		4. FEI Number 65-0929394	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MULCAHY, ROBERT J 8030 NW 96TH TERR TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11342 NW 10 Manor City Coral Springs FL Zip Code 33071		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULCAHY, ROBERT J 8030 NW 96 TERRACE SUITE 212 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULCAHY, STACY B 8030 NW 96 TERRACE SUITE 212 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Stacy B. Mulcahy 4/18/05 954/914-3145 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					