2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000004502

Entity Name: REAL-TIME INNOVATIONS, INC.

FILED Feb 04, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
3975 FREEDOM CIRCLE DRIVE 6TH FLOOR SANTA CLARA, CA 95054			3975 FREEDOM CIRCLE 6TH FLOOR SANTA CLARA, CA 95054			
Current M	lailing Addre	ss:	New Mail	New Mailing Address:		
3975 FREEDOM CIRCLE DRIVE 6TH FLOOR SANTA CLARA, CA 95054			3975 FREEDOM CIRCLE 6TH FLOOR SANTA CLARA, CA 95054			
FEI Number	: 77-0279943	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	l Address o	f New Registered Agent:	
VALRICO,	ING LEAVES FL 33594	US				
	e named entity e of Florida.	submits this statement for the	ourpose of changing	its registered	d office or registered agent, or both	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	SCHNEIDER,) Delete STANLEY A CEO M CIRCLE DRIVE, 6TH FLOOR , CA 95054	Title: Name: Address: City-St-Zip:	SCHNEIDER 3975 FREEL	(X) Change () Addition R, STANLEY A CEO DOM CIRCLE, 6TH FLOOR RA, CA 95054	
Title: Name: Address: City-St-Zip:	SCHNEIDER,	M CIRCLE DRIVE, 6TH FLOOR	Title: Name: Address: City-St-Zip:	3975 FREE	(X) Change () Addition R, JODY G CFO DOM CIRCLE, 6TH FLOOR RA, CA 95054	
Title: Name: Address: City-St-Zip:	D (DALTON, PETI 14467 OAK ST SARATOGA, C		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KERSTEN, MC 25325 LALOM		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LYONS, MICH, 28012 LAURA LOS ALTOS, C	СТ.	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JODY SCHNEIDER CFO 02/04/2005