

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004502

FILED
Apr 15, 2007
Secretary of State

Entity Name: REAL-TIME INNOVATIONS, INC.

Current Principal Place of Business:

3975 FREEDOM CIRCLE
6TH FLOOR
SANTA CLARA, CA 95054

New Principal Place of Business:

Current Mailing Address:

3975 FREEDOM CIRCLE
6TH FLOOR
SANTA CLARA, CA 95054

New Mailing Address:

FEI Number: 77-0279943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, ADELLE
2823 FALLING LEAVES DR.
VALRICO, FL 33594 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: PDC () Delete
Name: SCHNEIDER, STANLEY A CEO
Address: 3975 FREEDOM CIRCLE, 6TH FLOOR
City-St-Zip: SANTA CLARA, CA 95054

Title: TSD () Delete
Name: SCHNEIDER, JODY G CFO
Address: 3975 FREEDOM CIRCLE, 6TH FLOOR
City-St-Zip: SANTA CLARA, CA 95054

Title: D () Delete
Name: DALTON, PETER
Address: 3975 FREEDOM CIRCLE, 6TH FLOOR
City-St-Zip: SANTA CLARA, CA 95054

Title: D () Delete
Name: KERSTEN, MONTGOMERY
Address: 3975 FREEDOM CIRCLE, 6TH FLOOR
City-St-Zip: SANTA CLARA, CA 95054

Title: D () Delete
Name: LYONS, MICHAEL
Address: 3975 FREEDOM CIRCLE, 6TH FLOOR
City-St-Zip: SANTA CLARA, CA 95054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JODY GAIL SCHNEIDER

CFO

04/15/2007

Electronic Signature of Signing Officer or Director

_____ Date