

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004502

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: REAL-TIME INNOVATIONS, INC.

**Current Principal Place of Business:**

385 MOFFETT PARK DR, SUITE 115  
SUNNYVALE, CA 94089

**New Principal Place of Business:**

**Current Mailing Address:**

385 MOFFETT PARK DR, SUITE 115  
SUNNYVALE, CA 94089

**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: 385 MOFFETT PARK DR, SUITE 115  
City-St-Zip: SUNNYVALE, CA 94089

Title: TS ( ) Delete  
Name: SCHNEIDER, JODY G CFO  
Address: 385 MOFFETT PARK DR, SUITE 115  
City-St-Zip: SUNNYVALE, CA 94089

Title: D ( ) Delete  
Name: DALTON, PETER  
Address: 385 MOFFETT PARK DR, SUITE 115  
City-St-Zip: SUNNYVALE, CA 94089

Title: D ( ) Delete  
Name: KERSTEN, MONTGOMERY  
Address: 385 MOFFETT PARK DR, SUITE 115  
City-St-Zip: SUNNYVALE, CA 94089

Title: D ( ) Delete  
Name: LYONS, MICHAEL  
Address: 385 MOFFETT PARK DR, SUITE 115  
City-St-Zip: SUNNYVALE, CA 94089

Title: D (X) Delete  
Name: SCHACKER, CURT  
Address: 385 MOFFETT PARK DR, SUITE 115  
City-St-Zip: SUNNYVALE, CA 94089

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date