

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138195

Entity Name: RCM INTERNATIONAL, INC.

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

6451 SR 80
ALVA, FL 33920

New Principal Place of Business:

6451 W SR 80
LABELLE, FL 33935

Current Mailing Address:

6451 SR 80
ALVA, FL 33920

New Mailing Address:

6451 W SR 80
LABELLE, FL 33935

FEI Number: 54-2143999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIVIERGE, VALERIE
6451 SR 80
ALVA, FL 33920 US

Name and Address of New Registered Agent:

THIVIERGE, VALERIE
6451 W SR 80
LABELLE, FL 33935 US

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: VALERIE THIVIERGE

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: THIVIERGE, VALERIE
Address: 17050 SERENGETI CIRCLE
City-St-Zip: ALVA, FL 33920

Title: T () Delete
Name: THIVIERGE, ALBERT
Address: 17050 SERENGETI CIRCLE
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VALERIE THIVIERGE

DPVS

04/22/2007

Electronic Signature of Signing Officer or Director

Date