

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049279

Entity Name: RFIDUSER INC.

FILED  
Mar 29, 2005  
Secretary of State

**Current Principal Place of Business:**

807 RUNNER OAK STREET  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

807 RUNNER OAK STREET  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NILES, BOB  
807 RUNNER OAK ST.  
CELEBRATION, FL 34747 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: P ( ) Delete  
Name: BOB, NILES  
Address: 807 RUNNER AOK ST  
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete  
Name: LAWRENCE, BERMAN  
Address: 16706 WILLOW CREEK DR  
City-St-Zip: DELRAY BEACH, FL 33484

**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 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: BOB NILES

PRES

03/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date