
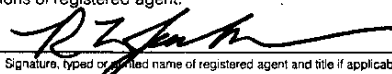



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -7 AM 10:01

DOCUMENT # F00000004107 1. Entity Name REAL TIME INTEGRATION, INC.					
Principal Place of Business 1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901			Mailing Address 1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3641867			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JACKSON, ROBERT 1819 S. RIVERVIEW DR., # 101 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  NOV. 3, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HAHLE, MICHAEL 2220 FRONT STREET, # 401 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061215174 11/07/05--01049--002 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUGGS, JAMES L 1819 S. RIVERVIEW DR., SUITE 101 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V/D SUGGS, JAMES L. 1819 S. Riverview Dr., Suite 101 Melbourne, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANCTIS, DONALD 13000 PIERCE STREET PACOIMA, CA 91331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARY 13000 PIERCE STREET PACOIMA, CA 91331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, ROBERT 1819 S. RIVERVIEW DRIVE MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V/D JACKSON, ROBERT 1819 S. Riverview Dr., Suite 101 Melbourne, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIDEMILLER, PATRICK 13000 PIERCE STREET PACOIMA, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EIDEMILLER, PATRICK 1300 Pierce Street Pacoima, CA 91331	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SEE ATTACHED FOR ADDITIONAL OFFICERS AND DIRECTORS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ADDITIONAL OFFICERS AND DIRECTORS IN 11

	V/D RUEDIGER, LUEG 1819 S. Riverview Drive Suite #101 Melbourne, Florida 32901
	D LARKINS, CHRISTOPHER 13000 Pierce Street Pacoima, California 91331