## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004107

Entity Name: REAL TIME INTEGRATION, INC.

FILED May 05, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901					
Current Mailing Address:			New Mailin	New Mailing Address:	
1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901					
FEI Number:	59-3641867	FEI Number Applied For ( ) FE	l Number Not Applic	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and A	Address of New Registered Agent:	
JACKSON, ROBERT 1819 S. RIVERVIEW DR., # 101 MELBOURNE, FL 32901 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:					
	Electroni	c Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	RUEDIGER, LUE	IEW DRIVE, STE 101	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SUGGS, JAMES	IEW DR., SUITE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) DESANCTIS, DO 13000 PIERCE S PACOIMA, CA 9	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I ADAMS, MARY 13000 PIERCE S PACOIMA, CA 9		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JACKSON, ROBI	IEW DRIVE, STE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () I EIDEMILLER, PA 1300 PIERCE S PACOIMA, CA 9	TREET	Title: Name: Address: City-St-Zip:	CFO (X) Change ( ) Addition CONRAD, MARK 1300 PIERCE STREET PACOIMA, CA 91331	

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: MARK A. CONRAD CFO 05/05/2009