## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

1. Entity Nan	MENT # F040000014 RTHY INC.			Secretary of S	iate
1 '	ce of Business 1 STREET UNIT 13 33122	Mailing Address 1418 EDWARDS AVENUE #B NEW ORLEANS, LA 70123			[
DO NOT WRITE IN THIS SPAC			CE	01102005 No Chg-P CR2E034 (10/03)  4. FEI Number	ed For
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324	asielou Viell		DO NOT WRITE IN THIS SPACE	
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  Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILON, PETER 1011 HIGHWAY 6 SOUTH #208 HOUSTON, TX 77077 AS GRIGO, MICHAEL 1418 EDWARDS AVENUE #B NEW ORLEANS, LA 70123	RECTORS		000000191990 01/25/05-80001-017 150.	.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	ST CROMPTON, PAUL FLEETS CORNER, POOLE, DORSET BH17 OJT ENGLAND,		- -	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby condicated	pertify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the exer e and accurate and that my signat	mption stated in Secure shall have the s	ction 119.07(3)(f), Florida Statutes. I further certify that the information and effect as if made under oath; that I am an officer or d	nation lirector
12. I hereby certify that the information supplied with this filling 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:  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daylore Phone /					

MICHAEL J. GRIGO