2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48151

Entity Name: RIC-MAN INTERNATIONAL, INC.

FILED Mar 20, 2009 Secretary of State

2601 NW 48TH STREET 2601 WILES ROAD

POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073

Current Mailing Address: New Mailing Address:

2601 NW 48TH STREET 2601 WILES ROAD

POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073

FEI Number: 59-2300398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MANCINI, DAVID A

2601 NW 48TH STREET

MANCINI, DAVID A

2601 WILES ROAD

POMPANO BCH., FL 33073 US POMPANO BCH., FL 33073 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: 03/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 MANCINI, DAVID A
 Name:
 MANCINI, DAVID A

 Address:
 2601 NW 48TH STREET
 Address:
 2601 WILES ROAD

City-St-Zip: POMPANO BEACH, FL 33073 City-St-Zip: POMPANO BEACH, FL 33073

Title: S () Delete Title: S (X) Change () Addition

 Name:
 CASTILLO SR, RENE
 Name:
 CASTILLO SR, RENE

 Address:
 2601 NW 48TH STREET
 Address:
 2601 WILES ROAD

 City-St-Zip:
 POMPANO BEACH, FL 33073
 City-St-Zip:
 POMPANO BEACH, FL 33073

Title: VP () Delete Title: () Change () Addition

 Name:
 JANKOWSKI, PAUL C JR
 Name:

 Address:
 6939 NINETEEN MILE ROAD
 Address:

 City-St-Zip:
 STERLING HEIGHTS, MI 48314
 City-St-Zip:

Title: TASD () Delete Title: () Change () Addition

 Name:
 JANKOWSKI, LISA M
 Name:

 Address:
 6939 NINETEEN MILE ROAD
 Address:

 City-St-Zip:
 STERLING HEIGHTS, MI 48314
 City-St-Zip:

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: DAVID A MANCINI DP 03/20/2009