

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K31029

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: RESPONSE TECHNOLOGIES CORPORATION

## Current Principal Place of Business:

1177 CATTLEMAN ROAD  
SUITE 206  
SARASOTA, FL 34232

## New Principal Place of Business:

6341 PORTER ROAD  
SUITE 9  
SARASOTA, FL 34240

## Current Mailing Address:

2135 W. LEEWYN DR.  
SARASOTA, FL 34240

## New Mailing Address:

6341 PORTER ROAD  
SUITE 9  
SARASOTA, FL 34240

FEI Number: 65-0061212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EASTMORE, THEODORE C  
1777 MAIN STREET  
5TH FLOOR  
SARASOTA, FL 34236 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: PD ( ) Delete  
Name: WOLFE, DOUGLAS  
Address: 2135 W. LEEWYN DR.  
City-St-Zip: SARASOTA, FL 34240

Title: VPD ( ) Delete  
Name: COFFIN, JAMES S  
Address: 5727 FORESTER PINE CRT.  
City-St-Zip: SARASOTA, FL 34243

Title: ST ( ) Delete  
Name: WOLFE, BETTE ANN  
Address: 2135 W. LEEWYN DR.  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: EASTMORE, THEODORE C  
Address: 1777 MAIN ST., 5TH FLR.  
City-St-Zip: SARASOTA, FL 34236

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: DOUGLAS E. WOLFE

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date