

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48833

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: RMS INTERNATIONAL DISTRIBUTION CORP.

## Current Principal Place of Business:

C/O ROBERT M. STOESSNER  
3594 SOUTH OCEAN BLVD  
HIGHLAND BEACH, FL 33487

## Current Mailing Address:

3594 SOUTH OCEAN BLVD  
#608  
HIGHLAND BEACH, FL 33487

## New Principal Place of Business:

C/O ROBERT M. STOESSNER  
20492 MEETING STREET  
BOCA RATON, FL 33434 US

## New Mailing Address:

20492 MEETING STREET  
BOCA RATON, FL 33434 US

FEI Number: 59-2989637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STOESSNER, ROBERT M  
3594 SOUTH OCEAN BLVD  
# 608  
HIGHLAND BEACH, FL 33487 US

## Name and Address of New Registered Agent:

STOESSNER, ROBERT M  
20492 MEETING STREET  
BOCA RATON, FL 33434 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:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STOESSNER, ROBERT M.,  
Address: 3594 SOUTH OCEAN BLVD # 608  
City-St-Zip: HIGHLAND BEACH, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STOESSNER, ROBERT M.,  
Address: 20492 MEETING STREET  
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT M STOESSNER

MR

04/28/2004

Electronic Signature of Signing Officer or Director

Date