



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 049 ***150.00

DOCUMENT # L59974 1. Entity Name RTD-ONE INC.					
Principal Place of Business 200 SOUTH ORANGE AVE SARASOTA, FL 34236 US				Mailing Address 200 SOUTH ORANGE AVE SARASOTA, FL 34236 US	
2. Principal Place of Business 7267 BEE RIDGE RD.		3. Mailing Address 7267 BEE RIDGE RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA, FL		City & State SARASOTA, FL			
Zip 34241		Country U.S.A.		4. FEI Number 65-0191882	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		03242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BENJAMIN, ROBERT W. 200 SOUTH ORANGE AVE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST REGAN, RICHARD W 720 SOUTH CLAYTON STREET DENVER, CO 80209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RICHARD W. REGAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date APRIL 14, 2006 Daytime Phone # 303-905-9986		