

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61457

FILED
Apr 30, 2008
Secretary of State

Entity Name: RESULTS TECHNOLOGIES INC.

Current Principal Place of Business:

499 SHERIDAN STREET, #400
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

499 SHERIDAN STREET, #400
DANIA, FL 33004

New Mailing Address:

FEI Number: 65-0198195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAPP, ROBERT
C/O RESULTS TECHNOLOGIES INC.
499 SHERIDAN STREET
DANIA, FL 33004 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: D () Delete
Name: SCHEIN, ALAN,
Address: 499 SHERIDAN ST, SUITE 400
City-St-Zip: DANIA, FL

Title: S,T () Delete
Name: MATERA, EDWARD
Address: 499 SHERIDIAN ST, SUITE 400
City-St-Zip: DANIA, FL 33004

Title: P () Delete
Name: RAPP, ROBERT
Address: 499 E SHERIDAN ST, SUITE 400
City-St-Zip: DANIA, FL 33004

Title: VP () Delete
Name: USHER, CONRAD
Address: 499 E SHERIDAN ST, SUITE 400
City-St-Zip: DANIA, FL 33004

Title: VP () Delete
Name: OCASEK, DAVID
Address: 499 E SHERIDAN ST, SUITE 400
City-St-Zip: DANIA, FL 33004

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: VP () Change (X) Addition
Name: SCHEIN, MICHAEL
Address: 499 E SHERIDAN ST SUITE 400
City-St-Zip: DANIA, FL 33004

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: EDWARD MATERA

S, T

04/30/2008

Electronic Signature of Signing Officer or Director

Date