2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# N39070

Entity Name: THE RADIANCE TECHNIQUE INTERNATIONAL ASSOCIATION, INC.

Current Principal Place of Business:

5601 CENTRAL AVENUE
2ND FLOOR
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 40570
ST. PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 58-1401966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAY, SHOSHANA
6860 GULFPORT BLVD S
#101
ST PETERSBURG, FL 33707 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

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	CARRINGTON, YESNIE	
Address:	24 S HOLMAN WAY	
City-St-Zip:	GOLDEN, CO 80401	
Title:	DC	( ) Delete
Name:	KARNS, DEAN	
Address:	7321 CENTRAL AVE #704	
City-St-Zip:	ST PETERSBURG, FL 33710	
Title:	D	( ) Delete
Name:	SIERRA, CRYSTAL	
Address:	10825 71ST AVENUE N.	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	WRIGHT, JR, FRED	
Address:	9000 COMMODORE DR., #505	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	D	( ) Delete
Name:	DENALI, DEMETER	
Address:	PO BOX 8777	
City-St-Zip:	ST. PETERSBURG, FL 33738	
Title:	ST	( ) Delete
Name:	SHAY, SHOSHANA	
Address:	6860 GULFPORT BLVD., #101	
City-St-Zip:	SAINT PETERSBURG, FL 33707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KARNS, DEAN	
Address:	7321 CENTRAL AVE #704	
City-St-Zip:	ST PETERSBURG, FL 33710	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LIGHTFIELDS, MARVELLE	
Address:	PO BOX 3977	
City-St-Zip:	SEMINOLE, FL 33775	
Title:		( ) Change ( ) Addition
Name:		
Address:		
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHOSHANA SHAY ST 02/21/2008

Electronic Signature of Signing Officer or Director — Date