


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90012 019 \*\*\*150.00

<b>DOCUMENT # P00000027201</b> 1. Entity Name <b>RITTCO, INC.</b>					
Principal Place of Business <b>11437 88 TERRACE SEMINOLE, FL 33772</b>			Mailing Address <b>P.O. BOX 4852 SEMINOLE, FL 33775</b>		
2. Principal Place of Business - No P.O. Box # <b>7941 58th AVENUE N</b>		3. Mailing Address <b>7941 58th AVENUE N</b>			
Suite, Apt. #, etc. <b>SUITE 101</b>		Suite, Apt. #, etc. <b>SUITE 101</b>			
City & State <b>ST PETERSBURG FL</b>		City & State <b>ST PETERSBURG FL</b>			
Zip <b>33709</b>		Country <b>USA</b>		Zip <b>33709</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>59-3641549</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RITTER, KATHERINE D 11437 88 TERRACE SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7941 58th AVENUE N, APT 101</b>  City <b>ST PETERSBURG</b> <b>FL</b> Zip Code <b>33709</b>		
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 reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b>	NAME <b>RITTER, KATHERINE D</b>		TITLE <b>PRESIDENT</b>		
STREET ADDRESS <b>11437 88 TERRACE</b>		NAME <b>RITTER, KATHERINE D</b>			
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>		STREET ADDRESS <b>7941 58th AVENUE N, APT 101</b>			
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP <b>ST PETERSBURG FL 33709</b>			
TITLE <b>P</b>		TITLE <b>PRESIDENT</b>			
NAME <b>RITTER, KATHERINE D</b>		NAME <b>RITTER, KATHERINE D</b>			
STREET ADDRESS <b>11437 88 TERRACE</b>		STREET ADDRESS <b>7941 58th AVENUE N, APT 101</b>			
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP <b>ST PETERSBURG FL 33709</b>			
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP <b>ST PETERSBURG FL 33709</b>			
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CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>		CITY-ST-ZIP <b>ST PETERSBURG FL 33709</b>			
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.					
<b>SIGNATURE: Katherine D Ritter, KATHERINE D. RITTER</b> <b>3/20/07</b> <b>727-421-9053</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small></span>					