

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064810

FILED  
Feb 24, 2011  
Secretary of State

Entity Name: REMMA, INC.

**Current Principal Place of Business:**

590 SOLUTIONS WAY  
SUITE 100  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

590 SOLUTIONS WAY  
SUITE 100  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 59-3657656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROCKHOUSE, KEITH S  
590 SOLUTIONS WAY  
SUITE 100  
ROCKLEDGE, FL 32955 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: DP  
Name: SELIG, W. MICHAEL  
Address: 200 WILLARD ROAD  
City-St-Zip: COCOA, FL 32922

Title: D  
Name: COOK, ROBERT C  
Address: 1722 PALMER LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS  
Name: HADDOW, JOSEPH W  
Address: 1278 TROON WAY  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DT  
Name: BROCKHOUSE, KEITH  
Address: 590 SOLUTIONS WAY #100  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D  
Name: SELIG, LEAH M  
Address: 1410 SYKES CREEK DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D  
Name: COOK, CHRISTY M  
Address: 1722 PALMER LANE  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: KEITH S. BROCKHOUSE

DT

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date