


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90068 020 \*\*\*100.00  
04-08-2005 90033 031 \*\*\*\*50.00

<b>DOCUMENT # P01000018573</b> 1. Entity Name <b>RAIL TECH CONSULTANTS, INC.</b>																													
Principal Place of Business <b>131 NE 59 COURT FT LAUDERDALE FL 33334</b>			Mailing Address <b>131 NE 59 COURT FT LAUDERDALE FL 33334</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 4043</b> Suite, Apt. #, etc.																										
City & State <b>FT LAUDERDALE, FL.</b>			4. FEI Number <b>65-1090635</b>		Applied For <input type="checkbox"/> Not Applicable																								
Zip <b>33338</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>FULLER, CHRISTOPHER 131 NE 59 COURT FT LAUDERDALE FL 33334</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>FULLER, CHRISTOPHER</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>131 NE 59 COURT</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FT LAUDERDALE FL 33334</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>FULLER, CHRISTOPHER</b>		STREET ADDRESS	<b>131 NE 59 COURT</b>		CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authority like empowered.																													
SIGNATURE: <u>CHRISTOPHER L. FULLER</u> <b>2/13/05 954-249-2375</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													