


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000110950

1. Entity Name
RESOURCE CONSERVATION TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
4708 MANATEE AVENUE WEST **4708 MANATEE AVENUE WEST**
BRADENTON, FL 34209 **BRADENTON, FL 34209**

66011010



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

05102006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
26-0022305 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CANTOLINO, CHRISTOPHER R
7704 18TH AVE NW
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CANTOLINO, CHRISTOPHER R	
STREET ADDRESS	7704 18TH AVE NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTOLINO, SALVATORE	
STREET ADDRESS	2031 - 74TH STREET N.W.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000567641
 06/26/06-80005-001 150.00

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.

SIGNATURE: _____ DATE: 05/16/2006