2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000036329

1. Entity Name
RADII TECHNOLOGIES, INC.



FILED Apr 04, 2008 8:00 am Secretary of State

04-04-2008 90018 029 ***150.00

	·				TIL	1					
Principal Place of Business 1025 SOUTH SEMORAN BLVD. SUITE 1079 WINTER PARK, FL 32792		1025 S Suite 1	Mailing Address 1025 SOUTH SEMORAN BLVD. SUITE 1079 WINTER PARK, FL 32792				EFFA INTA BOW BETT OF THE	KITA WIS EMAA		911 N ALON	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			04022008	Chg-P	CR2E034	(12/06)		
City & State		City & S	City & State			4. FEI Number 03-0427		•	_ 	plied For t Applicable	
Zip	Country	Zip Co		Country		5. Certificate of Status Desire		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and	Address of New Reg	istered Age	ent		
FOREMAN, RICHARD D 4528 S. SHORE RD. ORLANDO, FL 32839				Street A	Street Address (P.O. Box Number is Not Acceptable)						
01120112011200											
				City				FL	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating) DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	4	Election Campaign Trust Fund Contrib		\$5 . Add	.00 May Be ed to Fees					
10.	OFFICERS A	ND DIRECTORS		11.		ADDITIONS/C	CHANGES TO OFFIC	ERS AND D	IRECTORS	S IN 11	
TITLE	PD		Delete	TITLE	SEC	RETARY			Change	Addition	
NAME	FOREMAN, RICHARD D			NAME	FOR	EMAA, 2	WHALD D				
STREET ADDRESS	4528 S. SHORE RD.			STREET ADDRESS	443	8 SOUTH	SHORE RO				
CITY-ST-ZIP	ORLANDO, FL 32839			CITY-ST-ZIP	ne	LANDO, F	1 32839				
TITLE			☐ Delete	TITLE		ASURTE			Change	Addition	
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NAME			point	NAME				-		_	
STREET ADDRESS	1			STREET ADDRESS						1	
CITY-ST-ZIP				CITY-ST-ZIP						}	
	L	with this filing de	pes not qualify for t	he exemptions of	contained	d in Chapter 119,	, Florida Statutes. I fu	irther certify	that the ir	nformation	

Interest centry that the information supplies with this interpret of the exemptions contained in Chapter 119, Horida 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:

SIGNATURE AND TYPED OR PRINTED POWE OF SIGNING OFFICER OR DIRECTOR

407-679-2605

Daytime Phone #