


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90255 017 \*\*\*150.00

<b>DOCUMENT # P02000096615</b>			
1. Entity Name <b>RELEVANT TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>4301 32ND STREET WEST, UNIT C-11 BRADENTON, FL 34205</b>		Mailing Address <b>4301 32ND STREET WEST, UNIT C-11 BRADENTON, FL 34205</b>	
2. Principal Place of Business - No P.O. Box # <b>4301 32nd Street</b>		3. Mailing Address <b>4301 32nd St. West</b>	
Suite, Apt., etc. <b>Suite C-10</b>		Suite, Apt., etc. <b>Suite C-10</b>	
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>	
Zip <b>34205</b> Country <b>USA</b>		Zip <b>34205</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>COLMAN, PETER I 4301 32ND STREET WEST, UNIT C-11 BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name <b>Peter I Colman</b> Street Address (P.O. Box Number is Not Acceptable) <b>4301 32nd St. West, Suite C-10</b> City <b>Bradenton</b> FL Zip Code <b>34205</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 <b>Peter I Colman</b> DATE <b>4-30-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOB COLMAN, PETER I 2818 52BD AVENUE TERRACE, WEST BRADENTON, FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLMAN, PETER I 2818 52BD AVENUE TERRACE, WEST BRADENTON, FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Peter I Colman** **PETER I COLMAN**  
**PCOB / Director** **4-30-08**