2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 27, 2007 08:00 AN Secretary of State **DOCUMENT # P03000044238** 1. Entity Name RIPMALL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 2030 KAI DRIVE 2030 KAI DRIVE SARASOTA, FL 34231 SARASOTA, FL 34231 No Chg-P CR2E034 (11/05) 04302007 Applied For 4. FEI Number 65-1183204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HILLIER, KENNETH R MR. 2030 KAI DRIVE SARASOTA, FL 34231 IN THIS SPACE 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 obtigations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rejustation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME HILLIER, KENNETH R STREET ADDRESS 2030 KAI DRIVE 100/27/07-80001-021-5 106/27/07-80001-021-5 CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/21/07

9419251303

FILED

Daytime Phone #