


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90187 040 \*\*\*150.00

<b>DOCUMENT # P04000163920</b>	
<b>1. Entity Name</b> RESCUE TECH, INC.	

<b>Principal Place of Business</b> 4120 NW 26 STREET MIAMI, FL 33142 US	<b>Mailing Address</b> 4120 NW 26 STREET MIAMI, FL 33142 US
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<b>2. Principal Place of Business</b> 6016 NW 6 AVENUE Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 520578 Suite, Apt. #, etc.
<b>City &amp; State</b> Miami, FL <b>Zip</b> 33127 <b>Country</b> DADE	<b>City &amp; State</b> Miami, FL <b>Zip</b> 33152-0578 <b>Country</b> DADE



01072006 Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> APPLIED FOR	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> DA SILVA, EDUARDO H 4120 NW 26 STREET MIAMI, FL 33142	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> DA SILVA, EDUARDO H <b>Street Address (P.O. Box Number is Not Acceptable)</b> 4944 TRADEWINDS TER <b>City</b> DANIA BEACH <b>FL</b> <b>Zip Code</b> 33312
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**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** *Luciana Almeida* **DATE** 04.18.06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD <b>NAME</b> DA SILVA, EDUARDO H <b>STREET ADDRESS</b> 16541 S.W. 60TH TERRACE <b>CITY-ST-ZIP</b> MIAMI, FL 33193	<input type="checkbox"/> Delete	<b>TITLE</b> P.D. <b>NAME</b> DA SILVA, EDUARDO H <b>STREET ADDRESS</b> 4944 TRADEWINDS TER <b>CITY-ST-ZIP</b> DANIA BEACH, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> VP.D. <b>NAME</b> LIMA, LUCIANA ALMEIDA <b>STREET ADDRESS</b> 4944 TRADEWINDS TER <b>CITY-ST-ZIP</b> DANIA BEACH, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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:** *Luciana Almeida* **DATE** 04.11.06 **Daytime Phone #** 486.285.7864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR