

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

113

FILED

06 MAY 18 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000016699

1. Entity Name
RITESIGN USA, INC



Principal Place of Business
305 N. PARSONS AVENUE
BRANDON, FL 33510

Mailing Address
305 N. PARSONS AVENUE
BRANDON, FL 33510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-2295797

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEDY, MICHAEL O
305 N. PARSONS AVENUE
BRANDON, FL 33510

7. Name and Address of New Registered Agent

Name

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

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME REEDY, MICHAEL O
STREET ADDRESS 305 N. PARSONS AVENUE
CITY-ST-ZIP BRANDON, FL 33510



TITLE P
NAME ZETTERGREN, LENNART
STREET ADDRESS KLOSTERYAGEN 14, 2TR
CITY-ST-ZIP STOCKSUND SWEDEN



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



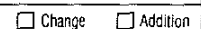
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

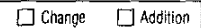
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TITLE
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STREET ADDRESS
CITY-ST-ZIP



TITLE
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TITLE
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CITY-ST-ZIP



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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel MAY 24 2006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RITESIGN USA INC
(Name of Corporation)

DOCUMENT NUMBER: P05000016699

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. RODY
(Name of Person)

(Name of Firm/Company)

305 N. PARSONS AVENUE
(Address)

BRANDON FL 33510
(City/State and Zip Code)

For further information concerning this matter, please call:

M. RODY at (813) 654 2995
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


3/3

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MICHAEL RABY, hereby resign as PRESIDENT
(Title)

of RIPESIN USA, INC.
(Name of Corporation)

P0500016699, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314