FILED

2008 FOR PROFIT CORPORATION

Feb 08, 2008 08:00 AN **ANNUAL REPORT** Secretary of State DOCUMENT # P05000024594 RESPONSIVE TRANSFERS, INC. Principal Place of Business Mailing Address 9857 SANDRINGHAM GATE 9857 SANDRINGHAM GATE NAPLES, FL 34109 NAPLES, FL 34109 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2350537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOVATT, JEFF M DO NOT WRITE 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102 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 obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinslating) DATE B00000820837 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 02/18/08-80044-017 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SPONSELLER, BERNIE G NAME STREET ADDRESS 9857 SANDRINGHAM GATE NAPLES, FL 34109 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE SIGNATURE SIGNATURE AND FRED OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR Pros ident.

Date Daylore Prone #