

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000111044

1. Entity Name
RAGE TECHNOLOGIES INC



Principal Place of Business
24441 NW 16TH LN STE 2
POMPANO BCH, FL 33064

Mailing Address
718 SW 7TH CT
HALLANDALE, FL 33009

2. Principal Place of Business - No P.O. Box #

2301 SW 66 Terrace

3. Mailing Address

Suite, Apt. #, etc.

Bay 1G

Suite, Apt. #, etc.

BAY 1G

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33317-7134

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

04302007 Chg-P CR2E034 (12/06)

4. FEI Number *06-1754354* Applied For

APPLIED FOR Not Applicable

5. Certificate of Status Desired \$8.75 Additional

Fee Required

6. Name and Address of New Registered Agent

Name *ANNE V. FOSS*

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

7. Name and Address of New Registered Agent

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

718 SW 7CT

City *Hallandale Beach*

FL

Zip Code *33009*

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 *Anne V. Foss*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent: signature required when reinstating)

DATE *4/30/07*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME FOSS, ANNE V
STREET ADDRESS 24441 NW 16TH LN STE 2
CITY-ST-ZIP POMPANO BCH, FL 33064

Delete

TITLE VD
NAME FOSS, ALAN D
STREET ADDRESS 24441 NW 16TH LN STE 2
CITY-ST-ZIP POMPANO BCH, FL 33064

Delete

TITLE SD
NAME FOSS, NEMO
STREET ADDRESS 24441 NW 16TH LN STE 2
CITY-ST-ZIP POMPANO BCH, FL 33064

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

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: *Anne V. Foss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 954-458-0229

Date

Daytime Phone #