2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 AM Secretary of State

DOCUMENT # P05000142480 1. Entity Name RTK LIMITED, INC.				Secretary of State		
4152 WEST BLUE HERON BLVD SUITE #1112		Mailing Address 4152 WEST BLUE HERON BLVD SUITE #1112 RIVIERA BEACH, FL 33404				
DO NOT WRITE IN THIS SPA			CE	02132007 4. FEI Number 20-366	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARTIN, STEFFANI T 1704 17TH LANE LAKE WORTH, FL 33463 DO NOT WRITE 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 ac the obligations of registered agent.						ACE
SIGNATURE	Signature, typed or printed name of registered agent and title	alf applicable (NOTE: Registere	ed Agent signature require	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fir			.00 May Be ded to Fees			
10. IITLE NAME STREET ADDRESS CITY- ST-ZIP IITLE NAME STREET ADDRESS CITY- ST-ZIP IITLE	OFFICERS AND DIRE P ROBERTSON, RUSSELL 4152 WEST BLUE HERON BLVDSL RIVIERA BEACH, FL 33404 VP ROBERTSON, TERRY L 4152 WEST BLUE HERON BLVDSL RIVIERA BEACH, FL 33404	JITE #1112			U00000 03/06/07-	647008 80055-006 150.00
NAME SIREET ADDRESS CITY - ST - ZIP TITLE		<u> </u>	-		NOT W	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19. 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 ether like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

2/19/2007

Daytime Phone #