## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000024306

Entity Name: RPM INNOVATIONS, INC.

957 LAKEVIEW DRIVE

N FORT MYERS, FL 33903 US

Address: City-St-Zip: FILED Mar 31, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
Current	rincipai Piace	or Busir	iess:	New Principal Plac	e or business:		
415 SE 11	COURT						
5 FORT LAU	JDERDALE, FL	33316	US				
Current Mailing Address:				New Mailing Addre	ess:		
415 SE 11	COURT						
5 FORT LAU	JDERDALE, FL	33316	US				
FEI Number	: 20-4336880	FEI Num	nber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:		
MARCIAN 415 SE 11							
5 FORT LAU	JDERDALE, FL	_ 33316	US				
	named entity s e of Florida.	submits th	nis statement for the	purpose of changing its register	red office or registered agent, or both,		
SIGNATUI	RE:						
		ic Signati	ure of Registered A	gent	Date		
Election Car	mpaign Financing	g Trust Fur	nd Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MARCIANO, ST 415 SE 11 COU FORT LAUDER	JRT, #5	33316 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD () RICKER, TREV 2420 SE 17 ST FORT LAUDER	REET, #C-4		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name:	TD () PURCELL, JAW	Delete IES		Title: Name:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEVE MARCIANO PD 03/31/2007