2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

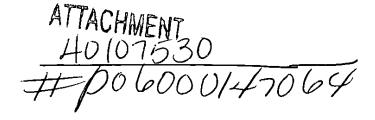
SIGNATURE:

May 07, 2007 8:00 am Secretary of State DOCUMENT # P06000147064 05-07-2007 90073 021 ***150.00 1. Entity Name RITACT, INC. 40101000 Principal Place of Business Mailing Address 4780 OREN BROWN ROAD 4780 OREN BROWN ROAD KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOND, TIMOTHY W 4780 OREN BROWN ROAD Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34746 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change ☐ Addition BOND, TIMOTHY W NAME NAME STREET ADDRESS 4780 OREN BROWN ROAD STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME BOND, CARLA K NAME 4780 OREN BROWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

5-3-2007

Divisions of Corporations P.O. Box 8800 Tallahassee, FL 32314



To Whom It May Concern:

I am writing to inform you that we tried for two days to pay of fee for the Annual Report. We are sorry we did not send payment to you on time. We had difficulty with the online system; I guess it was an overload of Corporations trying to do everything at the last minute. I am inserting the messages we received from the online system.

CGI Timeout

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.

We're sorry but the Public Access System is unable to process your request at this time. Press your browsers' BACK arrow to retry your request, or return to the Division of Corporations' Public Access System main page.

I would like to thank the technician which helped me (Rob). He stated we could print off the form to mail in the payment as long as we attached a letter.

Sincerely,

Kay Bohd

Administrative Assistant

Ritact, Inc.

407-353-1807 (Cell)

407-787-0140 (Phone / Fax)