

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000035546		
1. Entity Name R.C.T. ENGINEERING, INC.		
Principal Place of Business 701 NORTH POINT PARKWAY SUITE 310 WEST PALM BEACH, FL 33407		Mailing Address 701 NORTH POINT PARKWAY SUITE 310 WEST PALM BEACH, FL 33407
DO NOT WRITE IN THIS SPACE		
		
01282004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0666245		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RAYSON, JOHN C ESQ 2400 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306		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 accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when relocating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000158730 05/10/04-80001-006 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS TYLER, RALPH S 18101 SHELburne CLEVELAND HEIGHTS, OH 44118	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OVERSTREET, E. LOUIS 575 W. MADISON STREET CHICAGO, IL 60661	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURPHY, JAMES V 5241 CEDAR LAKE RD., APT. 4-9 BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-8-04 561-684-7534 Date Daytime Phone #