


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90304 005 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000000402			
1. Entity Name RTMS, INC.			
Principal Place of Business 2747 OAKTREE LANE OAKLAND PARK, FL 33309		Mailing Address C/O RICHARD BROAD 2747 OAKTREE LANE OAKLAND PARK, FL 33309 US	
2. Principal Place of Business		3. Mailing Address <i>C/O Gertraude Broad</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2747 OAKTREE LANE</i>	
City & State <i>same</i>		City & State <i>OAKLAND PARK FL</i>	
Zip	Country	Zip	Country
<i>33309</i>	<i>USA</i>	<i>33309</i>	<i>USA</i>
4. FEI Number 65-0714807		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BROAD, RICHARD 2747 OAKTREE LANE OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name: <i>Gertraude Broad</i> Street Address (P.O. Box Number is Not Acceptable): <i>2747 OAKTREE LANE</i> City: <i>OAKLAND PARK FL</i> Zip Code: <i>33309</i>	
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: <i>Gertraude Broad</i> DATE: <i>4/30/06</i> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROAD, RICHARD 2747 OAKTREE LANE OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President BROAD Gertraude 2747 OAKTREE LANE, OAKLAND PARK FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROAD, GERTRUDE 2747 OAKTREE LANE OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President BROAD, Michael 2747 OAKTREE LANE, OAKLAND PARK FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael Broad</i>		DATE: <i>4/30/06</i> 954 731 2279	

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