



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90045 050 ***150.00

DOCUMENT # P97000051806 1. Entity Name RALM, CORP.																																			
Principal Place of Business 2255 GLADES ROAD STE 420A BOCA RATON, FL 33431		Mailing Address RALM CORP C/O MITCHELL RUTTNER 19572 SEDGEFIELD TERRACE BOCA RATON, FL 33498																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11292 CORAL KEY DR. Suite, Apt. #, etc.																																	
City & State Zip		City & State BOCA RATON FL Zip 33498																																	
Country U.S.A.		4. FEI Number 65-0760148																																	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent RUTTNER, MITCHEL 19572 SEDGEFIELD TERRACE BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11292 CORAL KEY DRIVE (NEW ADDRESS ONLY) City BOCA RATON FL Zip Code 33498																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P RUTTNER, MITCHEL 11292 CORAL KEY DRIVE BOCA RATON, FL 33498 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTTNER, MITCHEL 11292 CORAL KEY DRIVE BOCA RATON, FL 33498 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:  MITCHEL RUTTNER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/27/05 Daytime Phone # 561-477-8375																																	

50032367



02072005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0760148

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 11292 CORAL KEY DRIVE
 (NEW ADDRESS ONLY)
 City BOCA RATON FL Zip Code 33498


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.

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9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/27/05 Daytime Phone # 561-477-8375