


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90036 028 \*\*\*150.00

<b>DOCUMENT # P97000051806</b> 1. Entity Name <b>RALM, CORP.</b>					
Principal Place of Business <b>2255 GLADES ROAD STE 420A BOCA RATON, FL 33431</b>			Mailing Address <b>11292 CORAL KEY DR BOCA RATON, FL 33498</b>		
2. Principal Place of Business <b>10338 MEDICUS PLACE</b>		3. Mailing Address <b>10338 MEDICUS PLACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>WELLINGTON, FL</b>		City & State <b>WELLINGTON, FL</b>		4. FEI Number <b>65-0760148</b>	
Zip <b>33467</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUTTNER, MITCHEL 11292 CORAL KEY DR BOCA RATON, FL 33498</b>			7. Name and Address of New Registered Agent Name <b>MITCHEL RUTTNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>10338 MEDICUS PLACE</b> City <b>WELLINGTON</b> <b>FL</b> Zip Code <b>33467</b>		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUTTNER, MITCHEL 11292 CORAL KEY DRIVE BOCA RATON, FL 33498</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MITCHEL RUTTNER 10338 MEDICUS PLACE WELLINGTON, FL 33467</b> <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	
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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.					
<b>SIGNATURE:</b> <i>Mitchel Ruttner</i> <b>Mitchel Ruttner Pres</b>			<b>2/14/06 561-784-4522</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		