

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000079135

1. Entity Name
RTS INC.



Principal Place of Business
6006 S.W. 18TH STREET B5
BOCA RATON, FL 33433

Mailing Address
6006 S.W. 18TH STREET B5
BOCA RATON, FL 33433

**FILED
Jan 27, 2005 08:00 AM
Secretary of State**



01182005 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|---|
| 4. FEI Number 65-0787962 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$3.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDSTEIN, LAURI J
735 COLORADO AVE.
SUITE 2
STUART, FL 34994

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GOLDSTEIN, ALENE
STREET ADDRESS 6006 SW 18 ST B5
CITY-ST-ZIP BOCA RATON, FL 33433

000000199249
1/27/2005-00:45-011-150.00

**DO NOT WRITE
IN THIS SPACE**

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)(l), 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

1/18/05 56394-0199
Daytime Phone #