2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P98000071129 1. Entity Name RITTER PEN CORPORATION FILED Mar 15, 2004 08:00 AM Secretary of State

5891 COUNTRY LAKES DR

Mailing Address

FORT MYERS, FL 33905 US FORT MYERS, FL 33905 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01072004	No Chg-P	CR2E034 (10/03)			
4. FEI Number		1	Applied For		
65-0859	3566	ſ	Not Applicable		

65-0858566 Not Applicab

5. Certificate of Status Desired September 5. September 5.

DO NOT WOITE

ERIC FLECHA 5891 COUNTRY LAKES DR FORT MYERS, FL 33905

Principal Place of Business

5891 COUNTRY LAKES DR

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 Separative, typed or primed name of registered agent and title it eggscable (NOTE, Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	U00000089747 03/15/04-80001-013 150.00		
TO. BITE NAME STREET ADDRESS CITY::ST::ZIP	OFFICERS AND DIRECT PSTD RITTER, ARNO HEINZ 5891 COUNTRY LÂKES DR FORT MYERS, FL 33905	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZEP	V FLECHA, ERIC 5891 COUNTRY LAKE DRIVE FORT MYERS, FL 33905						
TITLE MAME STREET ADDRESS CRY-ST-ZIP				DO	NOT WRITE		
intle Name Street address City-St-Zip		٠	IN THIS SPACE				
TIFLE NAME STREET ADDRESS CITY-57-ZIP							
HILE MAME STREET ADDRESS CHY-SI-ZIP							
12. I hereby o	ertify that the information supplied with this fit on this report or supplemental report is true a	iling does not qualify for the exert and accurate and that my signati	nption state	d in Section 119.07(3) ve the same legal effe	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director		

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB STRECTOR PRESIDENT 1/24/04 (239) US4-564