2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2005 08:00 AM Secretary of State

ANIOAL REI ORI									
DOCUMENT # P9800007 1. Entity Name RITTER PEN CORPORATION									
Principal Place of Business_ 5891 COUNTRY LAKES DR FORT MYERS, FL 33905 US	Mailing Address 5891 COUNTRY LAKES DR FORT MYERS, FL 33905	US							

6. Name and Address of Current Registered Agent ERIC FLECHA 5891 COUNTRY LAKES DR FORT MYERS, FL 33905				01182005 No Chg-P CR2E034 (10/03) 4. FEI Number				
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 NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				•				
10. TITLE NAME STREET ADDRESS CITY ST-ZIP	PSTD OFFICERS AND DIRECT PSTD RITTER, ARNO HEINZ 5891 COUNTRY LAKES DR FORT MYERS, FL 33905	CTORS			U0000 03/12/05	026113 -80053	4 -002 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE		
NAME STREET ADDRESS CITY-ST-ZIP			,					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRICFLECHA

1/19/05

239)694-566