

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021856

FILED
Mar 31, 2009
Secretary of State

Entity Name: R.M. ELECTRONICS INTERNATIONAL, INC.

Current Principal Place of Business:

2180 NW 18TH AVE
SUITE A-6; M/S:15
POMPANO BEACH, FL 330691320 US

New Principal Place of Business:

Current Mailing Address:

2180 NW 18TH AVE
SUITE A-6
POMPANO BEACH, FL 330691320

New Mailing Address:

FEI Number: 59-2378833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANCLAW, DAVID
1736 - 1738 WEST LAS OLAS BLVD
FORT LAUDERDALE, FL 333127517 US

Name and Address of New Registered Agent:

MANCLOW, DAVID A
19 HIGH STREET
FORT PLAIN, FL 13339 US

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.

SIGNATURE: DAVID A. MANCLOW

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: MANCLAW, DR. RON CEO
Address: 2180 NW 18TH AVENUE; A-6
City-St-Zip: POMPANO BEACH, FL 333127517 US

Title: S () Delete
Name: CARL, G. B DIR
Address: 1304 SW 15TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: TR () Delete
Name: JONES, DR. HAL D
Address: 1738 W. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 333127517 US

Title: TR () Delete
Name: MANCLOW, DAVID A DIR
Address: 19 HIGH STREET
City-St-Zip: FORT LAUDERDALE, FL 13339 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CARL, G. B S
Address: 1304 SW 15TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: D (X) Change () Addition
Name: JONES, DR. HAL D
Address: 1738 W. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 333127517 US

Title: TR (X) Change () Addition
Name: MANCLOW, DAVID A DIR
Address: 19 HIGH STREET
City-St-Zip: FORT PLAIN, NY 13339 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G.B.CARL

S

03/31/2009

Electronic Signature of Signing Officer or Director

Date