2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56949

Entity Name: RICARTIN, INC.

FILED Jun 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

417 NW 10 TERRACE 52 NW 99 STREET

HALLANDALE, FL 33009 MIAMI SHORES, FL 33150 US

Current Mailing Address: New Mailing Address:

417 NW 10 TERRACE 52 NW 99 STREET

HALLANDALE, FL 33009 MIAMI SHORES, FL 33150

FEI Number: 36-3846060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEPASS, HELEN E DEPASS, HELEN E 417 NW 10TH TERRACE 52 NW 99 STREET

HALLANDALE, FL 33009 US MIAMI SHORES, FL 33150 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: HELEN E DEPASS 06/05/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 DEPASS, RICHARD L
 Name:
 DEPASS, RICHARD L

 Address:
 417 NW 10 TERRACE
 Address:
 52 NW 99 STREET

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 MIAMI SHORES, FL 33150

Title: ACCT () Delete Title: () Change () Addition

 Name:
 LUBKE, JOHN
 Name:

 Address:
 1939 WAUKEGAN ROAD
 Address:

 City-St-Zip:
 GLENVIEW, IL 60025
 City-St-Zip:

Title: SECT () Delete Title: SECT (X) Change () Addition

 Name:
 DEPASS, HELEN E
 Name:
 DEPASS, HELEN E

 Address:
 417 NW 10 TERRACE
 Address:
 52 NW 99 STREET

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 MIAMI SHORES, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the 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: HELEN E DEPASS SECT 06/05/2006