2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56949

Entity Name: RICARTIN, INC.

FILED Apr 25, 2008 Secretary of State

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

52 NW 99 STREET 23306 GARRISON AVENUE

MIAMI SHORES, FL 33150 US PORT CHARLOTTE, FL 33954 US

Current Mailing Address: New Mailing Address:

1320 K STREET ELMONT, NY 11003

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

52 NW 99 STREET
MIAMI SHORES, FL 33150 US
23306 GÁRRISON AVENUE
PORT CHARLOTTE, FL 33954 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 04/25/2008

Electronic Signature of Registered Agent Date

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:
 52 NW 99 STREET
 Address:
 23306 GARRISON AVE

 City-St-Zip:
 MIAMI SHORES, FL 33150
 City-St-Zip:
 PORT CHARLOTTE, FL 33954

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:
 52 NW 99 STREET
 Address:
 23306 GARRISON AVENUE

 City-St-Zip:
 MIAMI SHORES, FL 33150
 City-St-Zip:
 PORT CHARLOTTE, FL 33954

Title: () Delete Title: SECT () Change (X) Addition
Name: DEPASS, CHRISTINA M
Address: Address: 10718 ALDERBROOK PLACE

City-St-Zip: Address: 10718 ALDERBROOK P

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: RICHARD L DEPASS PRES 04/25/2008