


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 020 ***150.00

DOCUMENT # P03000052744

1. Entity Name
R2 AUTOMATION, INC.



Principal Place of Business
**255 S ORANGE AVE, 17TH FLOOR
 ORLANDO, FL 32801**

Mailing Address
**255 S ORANGE AVE, 17TH FLOOR
 ORLANDO, FL 32801**

4001110



2. Principal Place of Business
2273 Alaqua Drive

3. Mailing Address
2273 Alaqua Drive

Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State
Longwood, FL

City & State
Longwood, FL

Zip
32779

Country
USA

4. FEI Number
37-1468538

Applied For
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 255 S ORANGE AVE, 17TH FLOOR
 ORLANDO, FL 32801**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
420 S. Orange Avenue, Suite 1200

City **Orlando** State **FL** Zip Code **32801**

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: *Peter Eberhart* **assistant secretary** **2/1/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REMUS, RONALD L	
STREET ADDRESS	2273 ALAQUA	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ronald L Remus* **Ronald L Remus** **2-1-06** **407-333-3051**

Signature and typed or printed name of signing officer or director Date Daytime Phone #