

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005502 1. Entity Name LOK TECHNOLOGY, INC.	
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Principal Place of Business 1165 19TH STREET VERO BEACH, FL 32960 US	Mailing Address 1165 19TH STREET VERO BEACH, FL 32960 US
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3514409	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent WOODWARD, STUART C 1165 19TH STREET VERO BEACH, FL 32960

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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 _____

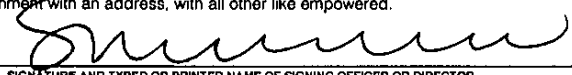
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOK, SIMON C DR. 1165 19TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WOODWARD, STUART C 1165 19TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINGER, KEENAN K 2001 GATEWAY PLACE, SUITE 500W SAN JOSE, CA 95110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGAW, TIMOTHY 1101 5TH AVENUE SUITE 360 SAN RAFAEL, CA 94901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000686341
04/09/07-80041-023 150.00

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:  **4/9/07 7727785560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #