


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000000033
1. Entity Name
TECHNOLOGY PLUS OF KANSAS, INC.



Principal Place of Business
**4955 A N.E. GOODVIEW CIR
LEE'S SUMMIT, MO 64064**

Mailing Address
**4955 A N.E. GOODVIEW CIR
LEE'S SUMMIT, MO 64064**

DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1427572

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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

**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**


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC BRONSON, RICHARD L 4201 NE LAKEWOOD WAY #200 LEE'S SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIENE, JOHN G 4201 NE LAKEWOOD WAY #200 LEE'S SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRONSON, BONNIE L 4201 NE LAKEWOOD WAY #200 LEE'S SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, BOBBY W 4201 NE LAKEWOOD WAY #200 LEE'S SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80082-014 150.00

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:  **3-12-07 816-795-3320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #