


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
43-1427572 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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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, 2008 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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400000917598
05/13/08-30049-002 150.00

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:  3-20-08
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #