## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 21, 2007 8:00 am Secretary of State 02-21-2007 90021 019 \*\*\*150.00

1. Entity Nam	MENT # H07308 etech, inc.			- Charles		7 90021 019 ***15	0.00	
Principal Place of Business 2730 NE 14TH ST 0CALA, FL 34470 US		Mailing Address		000	60017258			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address 2	730 NE 1471; 410-4861	e <del>r</del>				
Suite, Apt. #, etc.		OCNAN FL 34410-4841 Suite, Apt. #, etc.		01222007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 59-2417	641		plied For t Applicable	
Zip	Country	Žip	Country	5. Certificate of	Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ERDMAN,BARBARA J.			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
OCALA, FI	12TH STREET _ 34471		Street Addres	paress (r.o. box number is not Acceptable)				
			City	City FL Zip Code				
The above named entity submits this statement for the purpose of changin lits registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.						and accept		
SIGNATURE	Signature, typed or orinted rame of registered agent							
	Signature, typed or brinted name of registered agent		1E. Registered Agent agnature requ			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con		5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTORS	3 IN 11	
TITLE	PD	☐ Delete	TIFLE			☐ Change	☐ Addition	
NAME	ERDMAN, BARBARA J.		NAME :					
STREET ADDRESS CITY-ST-ZIP	3434 S.E. 12TH STREET OCALA, FL		STREET ADDRESS (JTY-ST-ZIP					
TITLE	VD	D Delete	1			Change	☐ Addition	
NAME	SWANDER, ORVAL	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	3434 SE 12TH STREET		STHEET ADDRESS					
CTTY-ST-ZIP	OCALA, FL		CITY-ST-ZIP					
TITLE	ST	☐ Delete	TITLE			· Change	Addition	
NAME	SWANDER, ORVAL		NAME	•				
STREET ADDRESS CITY-ST ZIP	3434 SE 12TH ST OCALA, FL		STREET ADDRESS CHY ST ZIP					
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NAME		- Donie	NAME			orange	7,00,00	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			City · St - ZIP					
HRE		☐ Delete	THE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				-	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME		D0,010	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CHY-ST-ZIP			***************************************		

12. Thereby certify that the information supplied with this filling 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 arr., 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 attackment with an eddress, with all other-like empowered.

SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR dmax Jorhana SIGNATURE:

(354) 351-65776 Davistre Provide