


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90027 010 ***150.00

DOCUMENT # K02167			
1. Entity Name E T TECHNOLOGIES, INC.			
Principal Place of Business 1111 W. MCNAB RD. POMPANO BCH. FL 33069		Mailing Address 1111 W. MCNAB RD. POMPANO BCH. FL 33069	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 65-0013795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMES, MICHAEL GEORGE 1111 W. MCNAB RD. POMPANO BEACH FL 33069		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> D AMES, MICHAEL 16 WIMBELDON DR PLANTATION FL <input type="checkbox"/> Delete </td> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> V AMES, NILDAR 1161 NW 107 AVE. PLANTATION FL 33322 <input checked="" type="checkbox"/> Delete </td> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Delete </td> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Delete </td> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Delete </td> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Delete </td> <td> <small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	D AMES, MICHAEL 16 WIMBELDON DR PLANTATION FL <input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	V AMES, NILDAR 1161 NW 107 AVE. PLANTATION FL 33322 <input checked="" type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____