2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50978

SUMMIT TECHNOLOGIES. INC

FILED Feb 14, 2005 Secretary of State

Entity Nai	me: SUMMIT	TECHNOLOGIES, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	BLAS AVENUE PARK, FL 327					
Current Mailing Address:			New Mailing Address:			
	IRBANKS AVE	ENUE				
#436 WINTER F	PARK, FL 327	39 US				
FEI Number: 59-3187670 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate		
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
637 CHEĆ	THOMAS J DY LEE CIRCLI BPRINGS, FL					
	named entity e of Florida.	submits this statement for the	purpose of changing	ts registered	l office or registered agent, or bo	oth,
SIGNATU	RE:					
	Electror	nic Signature of Registered A	gent		Date	_
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECT	TORS
Title: Name: Address: City-St-Zip:	C (FUNARO, JOSI 640 DOUGLAS WINTER PARK	AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STEWART, KA 822 N. WILD O	Delete THY D LIVE AVENUE UNIT 1 CH, FL 32118 US	Title: Name: Address: City-St-Zip:	STEWART, M		
Title: Name: Address: City-St-Zip:	FUNARO, THO 637 CHEOY LE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FUNARO, CHE 637 CHEOY LE		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title:	S () Delete	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS FUNARO MR 02/14/2005

FUNARO, PIÈTRA A

1031 MINNESOTA AVE

WINTER PARK, FL 32789 US

Name:

Address:

City-St-Zip: