


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90042 044 ***150.00

DOCUMENT # F97000000212					
1. Entity Name FORTRESS TECHNOLOGIES, INC.					
Principal Place of Business 4025 TAMPA RD STE. 1111 OLDSMAR, FL 34677 US			Mailing Address 4025 TAMPA RD STE. 1111 OLDSMAR, FL 34677 US		
2. Principal Place of Business 4023 Tampa Rd. Suite Apt. #, etc. 2000			3. Mailing Address 4023 Tampa Rd. Suite Apt. #, etc. 2000		
City & State Oldsmar, FL		City & State Oldsmar, FL		4. FEI Number 11-3273884	
Zip 34677		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME HUGHES, SHAWN R STREET ADDRESS 4025 TAMPA RD (#1111) CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME KUMPU, JANET L STREET ADDRESS 4025 TAMPA RD (#1111) CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME EDERER, ALAN STREET ADDRESS 4025 TAMPA RD (#1111) CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GUILBAULT, ROLAND G STREET ADDRESS 4025 TAMPA RD (#1111) CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GREIG, TOM STREET ADDRESS 1370 AVE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/17/05 <small>Daytime Phone #</small>		

ATTACHMENT

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2005 For Profit Corporation Annual Report

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Fortress Technologies, Inc.

Line 11 - Officers and Directors

Title	Director and CEO
Name	Shawn R. Hughes
Street Address	4023 Tampa Road (#2000)
City, St, Zip	Oldsmar, FL 34677

Title	President and COO
Name	Janet L. Kumpu
Street Address	4023 Tampa Road (#2000)
City, St, Zip	Oldsmar, FL 34677

Title	Secretary
Name	Alan Ederer
Street Address	4023 Tampa Road (#2000)
City, St, Zip	Oldsmar, FL 34677

Title	Director
Name	Roland G. Guilbault
Street Address	4023 Tampa Road (#2000)
City, St, Zip	Oldsmar, FL 34677

Title	Director
Name	Tom Greig
Street Address	1370 Avenue of the Americas
City, St, Zip	New York, NY 10019

Title	Director
Name	Steve Fisher
Street Address	1370 Avenue of the Americas
City, St, Zip	New York, NY 10019