


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000110278
 1. Entity Name
CONNECTTECH, CORP.



Principal Place of Business Mailing Address
3013 SE 18TH AVE **3013 SE 18TH AVE**
CAPE CORAL, FL 33904 **CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0970475 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CARDINI, GARY
3013 SE 18TH AVE
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | CARDINI, BARBARA |
| STREET ADDRESS | 3013 SE 18TH AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | V |
| NAME | CARDINI, GARY |
| STREET ADDRESS | 3013 SE 18TH AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | T |
| NAME | CARDINI, BARBARA |
| STREET ADDRESS | 3013 SE 18TH AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | S |
| NAME | CARDINI, GARY |
| STREET ADDRESS | 3013 SE 18TH AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

100000326211
 04/23/05-80047-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **21 APR 05 (239) 540-3234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #