

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
**3013 SE 18TH AVE
 CAPE CORAL, FL 33904**

Mailing Address
**3013 SE 18TH AVE
 CAPE CORAL, FL 33904**



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0970475 Applied For
 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
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be 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 _____

1100000326211
 04/23/05-80047-011 150.00

**DO NOT WRITE
 IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 APR 05 (239) 540-3234

Date

Daytime Phone #