

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000153153

**Entity Name:** 35 TECHNOLOGIES GROUP, INC.

**Current Principal Place of Business:**

2280 N. RONALD REAGAN BLVD.  
SUITE 101  
LONGWOOD, FL 32750

**Current Mailing Address:**

2280 N. RONALD REAGAN BLVD.  
SUITE 101  
LONGWOOD, FL 32750 US

**FEI Number:** 20-8034722

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORELLI, JOSEPH  
2280 N. RONALD REAGAN BLVD.  
SUITE 101  
LONGWOOD, FL 32750 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NORELLI, ANN  
Address 2280 N. RONALD REAGAN BLVD.,  
SUITE 101  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name NORELLI, JOSEPH  
Address 2280 N. RONALD REAGAN BLVD.,  
SUITE 101  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name NORELLI, JUDITH  
Address 2280 N. RONALD REAGAN BLVD.,  
SUITE 101  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name NORELLI, NICHOLAS  
Address 2280 N. RONALD REAGAN BLVD.,  
SUITE 101  
City-State-Zip: LONGWOOD FL 32750

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANN NORELLI

**PRESIDENT**

**03/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date