


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90061 007 \*\*\*150.00

<b>DOCUMENT # 266337</b>	
1. Entity Name <b>JOHNSON TECH SUPPLY, INC.</b>	

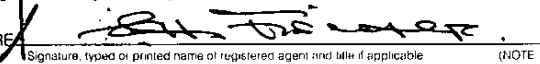
Principal Place of Business <b>455 N ORCHARD ST P.O. BOX 2653 ORMOND BEACH, FL 32175</b>	Mailing Address <b>455 N ORCHARD ST P.O. BOX 2653 ORMOND BEACH, FL 32175</b>
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2. Principal Place of Business - No P.O. Box # <b>455 N ORCHARD ST</b>	3. Mailing Address <b>P O BOX 731886</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORMOND BEACH FL</b>	City & State <b>ORMOND BEACH FL</b>
Zip <b>32174</b>	Country <b>USA</b>
Zip <b>32173-1886</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>FISCHER, R H 264 NORTH BCH ST ORMOND BEACH, FL 32174</b>	
7. Name and Address of New Registered Agent Name <b>SCOTT FISCHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>276 RIVERBEND ROAD</b> City <b>ORMOND BEACH</b> <b>FL</b> Zip Code <b>32174</b>	

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, R H 264 NORTH BCH ST ORMOND BEACH, FL <input checked="" 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	ST FISCHER, S H 264 NORTH BCH ST ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" 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	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NYDIA FISCHER 25 TALAQUAH BLVD ORMOND BEACH FL 32174 <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
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
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 exemptions contained in Chapter 119, 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:  **SCOTT FISCHER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-26-07**  
**386 672 0690**