2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # 266337 N TECH SUPPLY, INC.					01-22-2008	-					
Principal Place of Business Mailing Address 455 N ORCHARD ST PO BOX 731886 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32173-1				886	400020		1 GIRIK BIRKI GIRK		FIERL & IEDI			
as TAI	Tace of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01142008	Chg-P	CR2E03	34 (12/06)				
ORMOND BEACH FLA. City & State				4. FEI Number 59-0997			_ 	phied For of Applicable				
Zip JZ	Country	Zip	Coun	try		of Status Desired		\$8.75 Add	fitional			
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	legistered A	gent				
FISCHER,				Name	(D.O. D., M)		- 3					
1	RBEND ROAD BEACH, FL 32174			Street Address	(P.O. Box Number	r is Not Acceptable	9) 					
				City	· · · · · · · · · · · · · · · · · · ·			Zip Cod				
				'		 	FL	1				
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 private name of registered agent and the if applicable. (NOTE: Registered Agent argretuse required when renations) DATE												
												
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campai Trust Fund Conti			5.00 May Be ided to Fees							
After Ma	ay 1, 2008 Fee will be \$550.00 OFFICERS AND D	Trust Fund Conti			ided to Fees	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11			
After Ma	officers and D	n Trust Fund Conti	ribution.		ided to Fees	CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN: 11			
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12. I hereby certify that the information supplied with this filling 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	01/15/08	186-672-0690
SIGNATURE AND TYPED OR PRINTED NAME O	F BIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #