2007 FOR PROFIT CORPORATION

FILED Mar 09, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # F01000006109 FP TÉCHNOLOGIES, INC. Principal Place of Business Mailing Address 432 W. GYPSY LANE PO BOX 290352 **BOWLING GREEN, OH 43402** TAMPA, FL 33617-0352 01/020076 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Nun Ser Applied For 35-2056081 Not Applicable \$1.75 Additional 5. Certificate of Status Desired Fe Regulred 6. Name and Address of Current Registered Agent RANDALL, WILLIAM R DO NOT WRITE 9301 WOODLAND RIDGE DRIVE TAMPA, FL 33637 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 revistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TfTLE SD MACHAN, LEON NAME STREET ADDRESS 749 FIELDSTONE LANE CITY-ST-ZIP ELIZABETHTOWN, PA 17022 TITLE NAME RANDALL, WILLIAM R U00000660548 STREET ADDRESS 9301 WOODLAND RIDGE DRIVE 03/20/07-80005-003 150.0b CITY-ST-ZIP TAMPA, FL 33637 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. Thereby 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 attachmen

SIGNATURE:

NAME STREET ADDRESS CITY-ST-71P TITLE

STREET ADDRESS CITY - ST - ZIP

8776066853