


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90202 004 ***150.00

DOCUMENT # F04000003753 1. Entity Name SUMMIT TECHNOLOGIES SALES, INC.					
Principal Place of Business 649 FIFTH AVENUE SOUTH SUITE 208 NAPLES, FL 34102			Mailing Address 75 MILFORD ROAD SUITE 201 HUDSON, OH 44236		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4201 Congress Street Suite, Apt. #, etc. Suite 410			
City & State		City & State Charlotte, NC		4. FEI Number 34-1617385	
Zip 28209		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PC HOUSE, E. MICHAEL 6610 ESTERO BLVD, UNIT #724 FT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V REAM, LANCE R 71 DIVISION STREET HUDSON, OH 44236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ELLIS, STEPHEN C 4730 SHERWIN ROAD WILLOUGHBY, OH 44094	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD BROOMFIELD, DONALD G 7511 WOODSPRING LANE HUDSON, OH 44236	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ALBRIGHT, RICHARD C 86 CONCORD ROAD WAYLAND, MA 01778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MILLER, WILLIAM A 40 CAMINO DEL VALLE SANTA FE, NM 87506	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Ream, Lance R 2228 Mirow Place Charlotte, NC 28270	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	<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: <u><i>Lance R. Ream</i></u> Treasurer					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4/27/06</u> Day/Time Phone # <u>704-887-6709</u>					

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