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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000004935

1. Entity Name
RIDGE TECHNICAL, INC.

40024595

01292007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2054 SPICERS LANE WOODSTOCK, GA 30189	4595 TOWNE LAKE PKWY BLDG 300 STE 150 WOODSTOCK, GA 30189
2. Principal Place of Business - No P.O. Box # 225 Creekstone Ridge Suite, Apt. #, etc.	3. Mailing Address 225 Creekstone Ridge Suite, Apt. #, etc.
City & State Woodstock GA	City & State Woodstock GA
Zip 30188 Country Cherokee	Zip 30188 Country Cherokee

4. FEI Number 58-2233112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACKING, TIM 4863 PARK STREET NORTH SAINT PETERSBURG, FL 33709	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324

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 Mary R. Adams MARY R. ADAMS ASSISTANT SECRETARY 2/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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-ST-ZIP	PT ← Ch. to P, S ZOMER, PATRICK W 2054 SPICERS LANE WOODSTOCK, GA 30189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Treasurer Nathan C. Curry 225 Creek Stone Ridge Woodstock, GA 30188 V, Tres.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Patrick W. Zomer Patrick W. Zomer President 2/13/07 (770) 592-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #