


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000002676</b> 1. Entity Name OGS TECHNOLOGIES, INC.	
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Principal Place of Business 1855 PECK LANE CHESHIRE, CT 06410	Mailing Address 1855 PECK LANE CHESHIRE, CT 06410
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1567491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PRIMINI, MICHAEL 4223 SW MALLARD CREEK TRAIL PALM CITY, FL 34990	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC SALAMONE, MICHAEL 659 CORNWALL AVENUE CHESHIRE, CT 06410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC GERACI, SAL 109 BRUSHY HILL ROAD WOODBURY, CT 06798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIMINI, MICHAEL 1855 PECK LANE CHESHIRE, CT 06410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/07-00057-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Michael Primini **MICHAEL PRIMINI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** 1/8/07 203-271-9055  
Date Daytime Phone #