2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001121

Frait Nome ON ODD MADINE TECHNIQUON INC

FILED Apr 13, 2007 Secretary of State

Entity Nan	ile: SVVORDI	WARINE LECHNOLOGY, INC.	•					
Current Principal Place of Business:				New Principal Place of Business:				
1815 NORTHH U.S. HWY ONE ORMOND BEACH, FL 32174				1815 NORTH U.S. HWY ONE ORMOND BEACH, FL 32174				
Current Mailing Address:				New Mailing Address:				
1815 NORTHH U.S. HWY ONE ORMOND BEACH, FL 32174				1815 NORTH U.S. HWY ONE ORMOND BEACH, FL 32174				
FEI Number:	20-4326419	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of St	atus Desired ()	
Name and Address of Current Registered Agent: Na					lame and Address of New Registered Agent:			
ONE N CLI	ORPORATE S EMATIS STRE .M BEACH, FL							
The above in the State		submits this statement for the p	ourpose c	of changing i	ts registered	office or register	ed agent, or both,	
SIGNATUF	RE:							
	Electron	ic Signature of Registered Age	ent			Date		
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	GREGORY, JEF	EET, SHELBY SQUARE STE 101		Title: Name: Address: City-St-Zip:	GREGORY, J	NT AVE., SUITE 30		

Address:

1815 NORTHH U.S. HWY ONE

Title: () Delete Title: (X) Change () Addition Name: ZAIDI, TARIQ A Name: ZAIDI, TARIQ A Address: 100 FIFTH STREET, SHELBY SQUARE STE 101 Address: 340 EDGEMONT AVE., SUITE 301 BRISTOL, TN 37620 BRISTOL, TN 37620 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: MOSES, MICHAEL Name: MOSES, MICHAEL

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: (X) Change () Addition JONES, GREGORY C JONES, GREGORY C Name: Name: 100 FIFTH STREET, SHELBY SQUARE, STE 101 Address: Address: 340 EDGEMONT AVE., SUITE 301

BRISTOL, TN 37620 City-St-Zip: BRISTOL, TN 37620 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

1815 NORTH U.S. HWY ONE

SIGNATURE: MICHAEL R MOSES **PRES** 04/13/2007