
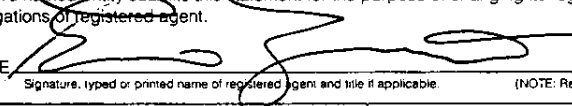
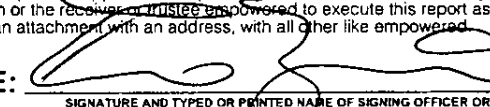


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90151 050 \*\*\*150.00

<b>DOCUMENT # F06000002237</b> 1. Entity Name <b>PRIVATE CLIENT TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>7345 INTERNATIONAL PLACE</b> <b>103</b> <b>SARASOTA, FL 34240</b>			Mailing Address <b>7345 INTERNATIONAL PLACE</b> <b>103</b> <b>SARASOTA, FL 34240</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 1353</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>SARASOTA FL</b>		4. FEI Number <b>20-2319372</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34230</b>		Country <b>US</b>		04142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>LIVINGSTON, ERIC</b> <b>7630 HEYWARD CIRCLE</b> <b>UNIVERSITY PARK, FL 34201</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>4/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LIVINGSTON, ERIC 7630 HEYWARD CIR UNIVERSITY PARK, FL 34201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DICKEY, ERROL P.O. BOX 441 ASHLAND, MA 01721		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HUSKINS, WALTER E JR 87 ALGONQUIN RD CHESTNUT HILL, MA 02467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, trustee or 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: 			Date <b>4/23/08</b> Daytime Phone #		