

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90072 029 ***158.75

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1. Entity Name
MOVERO TECHNOLOGY, INC.



Principal Place of Business
**1905-B KIRAMER LANE SUITE 700
AUSTIN, TX 78758**

Mailing Address
**1905-B KIRAMER LANE SUITE 700
AUSTIN, TX 78758**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0058189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**H. SPENCE JACKSON
C/O MOVERO TECHNOLOGY
3301 NORTH ROCKY POINT DRIVE
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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

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

TITLE	P, CEO
NAME	FRIEDMAN, BRUCE
STREET ADDRESS	9216 LEMONCILLO
CITY-ST-ZIP	AUSTIN, TX 78750
TITLE	CEO CHAIRMAN, SEC
NAME	H. SPENCE JACKSON
STREET ADDRESS	2 BEECHER LANE
CITY-ST-ZIP	AUSTIN, TX 78746
TITLE	EVP, CFO
NAME	FAY, ROBERT W.
STREET ADDRESS	2216 TARLTON, AUSTIN, TX 78746
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(888) 668-3760