2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # F39162 1. Entity Name TECHNOLOGY RESEARCH CORPORATION						04-20-2007 900	080 012 ***150.	00	
Principal Place of Business 5250-140TH AVE NORTH CLEARWATER, FL 33760 US		Mailing Address 5250-140TH AVE NORTH CLEARWATER, FL 33760 US		g u u i		an eleki alah girti bibh bibba	7881 (1 18 8 1		
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007	Chg-P	CR2E034 (12/06)			
City & State		City & State		4. FEI Numbe 59-209		 +-`	plied For at Applicable		
Zip	Country	Zip	Country	/	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New Reg	sistered Agent		
BLACK, BA	ARRY H MR			Name					
BLACK, BARRY H MR 5250-140TH AVENUE NORTH CLEARWATER, FL 33760				Street Address (P.O. Box Number is Not Acceptable)					
	,		_	City			El Zip Cod	Α	
	named entity submits this statement for	r the purpose of changing its r	egistered		ered agent, or bot	h, in the State of Flori	<u> </u>		
the obligat	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered A	Agent signature requir	ed when reinstating)		DATE .		
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			5.00 May Be Ided to Fees				
10.	OFFICERS AND	 DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ö Dekte 1111 WIGGINS, ROBERT S MR NA 5250-140TH AVE NORTH ST		TITLE NAME	ADDRESS 5	D IGGINS, F 250 140TH	OBERT S MR AVE NORTH		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, RAYMOND B MR. 1513 BEVERLY DRIVE CLEARWATER, FL 33764	☐ Delete	THTLE NAME STREET CITY-S	ADDRESS	D FARREN, O 5250 140T			Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DAVID F MR. 14388 EAGLE POINTE DRIVE CLEARWATER, FL 33762	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 5	LACK, BAR 250 140TH	RY H MR AVE NORTH	☐ Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, EDMUND F JR 5250-140TH AVE., N. CLEARWATER, FL 33760	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTELET, GERRY MR 5250-140TH AVE NORTH CLEARWATER, FL 33760	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS (1-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, PATRICK M MR 5250-140TH AVE NORTH CLEARWATER, FL 33760	☐ Delate	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition	

12. Thereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry H. Black 4/17/07

727/535-0572

Daytime Phone #