2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
FIBEROPTICS TECHNOLOGY, INC.

4

Principal Place of Business	Mailing Address
1 QUASSETT ROAD POMFRET, CT 06258	P.O. BOX 286 POMFRET, CT 06258

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0965547
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOWLING, JOAHN E
4000 DOMESTIC AVE.
NAPLES, FL 34104

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KNOWLTON, KEITH
STREET ADDRESS	PO BOX 286, 1 QUASSETT RD
CITY-ST-ZIP	POMFRET, CT 06258
TITLE	D
NAME	DOWLING, JOAHN E
STREET ADDRESS	12611 HUNTER'S LAKES CT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	KNOWLTON, ELAINE
STREET ADDRESS	1 QUASSETT RD PO BOX 286
CITY-ST-ZIP	POMFRET, CT 06258
TITLE	T
NAME	GRISWOLD, RICHARD J
STREET ADDRESS	1 QUASSETT RD PO BOX 286
CITY-ST-ZIP	POMFRET, CT 06258
TITLE	D
NAME	LOOS, JOAN T
STREET ADDRESS	3111 GREEN DOLPHIN LANE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	LOOS, AUGUST W
STREET ADDRESS	3111 GREEN DOLPHIN LANE
CITY-ST-ZIP	NAPLES, FL 34102

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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: Keith K. Knowlton 1-11-08 860-928-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #