2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# F95000003191

Entity Name: FIBEROPTICS TECHNOLOGY, INC.

Current Principal Place of Business:

1 QUASSETT ROAD
POMFRET, CT 06258

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 286
POMFRET, CT 06258

New Mailing Address:

FEI Number: 06-0965547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KNOWLTON, KEITH
Address: PO BOX 286, 1 QUASSETT RD
City-St-Zip: POMFRET, CT 06258

Title: D ( ) Delete
Name: DOWLING, JOAHN E
Address: 12611 HUNTER'S LAKES CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: KNOWLTON, ELAINE
Address: 1 QUASSETT RD PO BOX 286
City-St-Zip: POMFRET, CT 06258

Title: T ( ) Delete
Name: GRISWOLD, RICHARD J
Address: 1 QUASSETT RD PO BOX 286
City-St-Zip: POMFRET, CT 06258

Title: D ( ) Delete
Name: LOOS, JOAN T
Address: 3111 GREEN DOLPHIN LANE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: LOOS, AUGUST W
Address: 3111 GREEN DOLPHIN LANE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BAILEY, WILLIAM F JR
Address: 96 PROSPECT STREET
City-St-Zip: WOODSTOCK, CT 06281

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KEITH L. KNOWLTON PRES 03/10/2009

Electronic Signature of Signing Officer or Director Date