# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2009**
**Secretary of State**

DOCUMENT# F97000000212

**Entity Name:** FORTRESS TECHNOLOGIES, INC.

**Current Principal Place of Business:**

4023 TAMPA ROAD
2000
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

4023 TAMPA ROAD
2000
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number: 11-3273884** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: D ( ) Delete
Name: LARSON, LEWIS E
Address: 9774 POLISHED STONE
City-St-Zip: COLUMBIA, MD 21046

Title: PRES ( ) Delete
Name: KUMPU, JANET L
Address: 4023 TAMPA RD #2000
City-St-Zip: OLDSMAR, FL 34677

Title: CEO ( ) Delete
Name: CONDON, RICHARD
Address: 4023 TAMPA RD #2000
City-St-Zip: OLDSMAR, FL 34677

Title: CEO ( ) Delete
Name: STAKIAS, MICHAEL
Address: 1370 AVE OF AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: D ( ) Delete
Name: GREIG, TOM
Address: 1370 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

**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: D (X) Change ( ) Addition
Name: STAKIAS, MICHAEL
Address: 1370 AVE OF AMERICAS
City-St-Zip: NEW YORK, NY 10019

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

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: JANET KUMPU PRES 02/18/2009

Electronic Signature of Signing Officer or Director Date