2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

DOCUMENT # F9700004809 1. Entity Name EDWARDS AND KELCEY TECHNOLOGY, INC.					03-17-2008 90023 042 ***150.00			
Principal Place of Business Mailing Address 299 MADISON AVENUE 299 MADISON AVENUE MORRISTOWN, NJ 07962 US MORRISTOWN, NJ 07962			US					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2. Suite, Apt. #, etc. 3. Mailing Address 2. Suite, Apt. #, etc.			36					
		Suite, Apt. #, etc.		01292008	Chg-P	CR2E034 (12/06)		
City & Sta	RISTOWY NU	CAY& State NURKISTUUN	N.J	4. FEI Numbe 22-351			pplied For ot Applicable	
Zip U1	962 Country	07962-193L	Country A	5. Certificate	of Status Desired	\$8.75 Ad Fee Require		
	_6_Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	le	
	e named entity submits this statement for	r the purpose of changing its reg	pistered office or	registered agent, or bot	n, in the State of Flo	1	and accept	
	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent a	and liftle if applicable. (NOTE: Re	gistered Agent signatu	ure required when renstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.		CHANGES TO OFF	CERS AND DIRECTOR		
TITLE NAME	C MCMAHON, KEVIN J	🐼 Delete	TITLE NAME	PRESIDENT	-	1⊠ Change	Addition	
STREET ADDRESS	I ************************************		STREET ADDRESS	199 MADISUN	THOMAS ESMITH 91 MAD ISUN ANTE 10 MAGISTUNI NO 07967			
CITY-ST-ZIP	MORRISTOWN, NJ 07962 CIT		CITY-ST-ZIP	MULLISTUWN	11 07962			
TITLE	S S S S S S S S S S S S S S S S S S S	🔂 Delete	TITLE	WILLIAM & M	ALKLEY 111	☐ Change	Addition	
NAME STREET ADDRESS	•		NAME STREET ADDRESS	DORESS DASADENA, LA 91105				
CITY-ST-ZIP	MORRISTOWN, NJ 07962		City-St-Zip	•	_	-		
TITLE	Т -	5 Delete	TITLE	JUHU W. PRO	SEL JA.	☐ Change	Addition	
NAME STREET ADDRESS	THORNHILL, DAVID 299 MADISON AVENUE	·	NAME STREET ADDRESS	111 South PRI	LUYO PORKE	VAY		
CITY-ST-ZIP	MORRISTOWN, NJ 07962		CITY-ST-ZIP	PASABENA, CA	4 91105			
TITLE	V	☐ Delete	TITLE		·	Change	Addition	
NAME	STILES, JEFFREY		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	299 MADISON AVE MORRISTOWN, NJ 07960		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE			Change	Addition	
NAME	PILLA, MARK J]	NAME					
STAEET ADDRESS . CITY-ST-ZIP	529 MAIN STREET BOSTON, MA 02129	1	STREET ADDRESS CITY-ST-ZIP					
TITLE	V	☐ Deicle	TITLE	<u> </u>		☐ Change	Addition	
NAME	TANSEL, RICHARD M	}	NAME				_	
STREET ADDRESS	299 MADISON AVE	1	STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	MORRISTOWN, NJ 07962		0/11-31-ZIP					

12. I hereby 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.

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/08 (513) 26705/13