

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006286 1. Entity Name HIGH-TECH INSTITUTE, INC.	
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Principal Place of Business 2250 WEST PEORIA AVENUE A-200 PHOENIX, AZ 85029	Mailing Address 2250 WEST PEORIA AVENUE A-200 PHOENIX, AZ 85029
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0973099	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

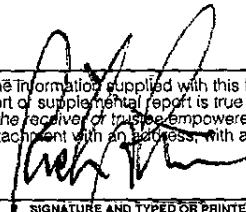
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000345773
04/30/05-80049-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD POBIAK, DENNIS 2250 W. PEORIA AVENUE - SUITE A-200 PHOENIX, AZ 85029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAFFNEY, CHRISTOPHER 2250 W. PEORIA AVENUE - SUITE A-200 PHOENIX, AZ 85029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEITEL, MATTHEW 2250 W. PEORIA AVENUE - SUITE A-200 PHOENIX, AZ 85029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD POBIAK, MARILYN 2250 W. PEORIA AVENUE - SUITE A-200 PHOENIX, AZ 85029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO JOHNSON, RICH 2250 W PEORIA AVE, STE A-200 PHOENIX, AZ 85029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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:  **Rich Johnson** 4/21/05 (602) 328-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #