

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36425

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ENABLING TECHNOLOGIES, INC.

## Current Principal Place of Business:

1601 NE BRAILLE PL  
JENSEN BEACH, FL 34957 US

## New Principal Place of Business:

## Current Mailing Address:

1601 NE BRAILLE PL  
JENSEN BEACH, FL 34957 US

## New Mailing Address:

FEI Number: 59-2503431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOND, JAMES A., P.A.  
FIRST NATIONAL BANK BUILDING, SUITE 4  
1251 S.W. 27TH STREET  
PALM CITY, FL 34990 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: C ( ) Delete  
Name: ROWE, KEITH  
Address: 1878 SE CORONADO LANE  
City-St-Zip: STUART, FL 34996 US

Title: D ( ) Delete  
Name: KIMBROUGH, BRADLEY T  
Address: 587 BAYONNE COURT SE  
City-St-Zip: SALEM, OR 97317 US

Title: PSD ( ) Delete  
Name: SCHENK, ROBERT A  
Address: 1601 NE BRAILLE PLACE  
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: D ( ) Delete  
Name: LAYCOCK, TODD  
Address: 33 FLAGLER AVENUE  
City-St-Zip: STUART, FL 34994 US

Title: D ( ) Delete  
Name: SMITH, PATRICIA  
Address: 3739 SE DOUBLETON DRIVE  
City-St-Zip: STUART, FL 34997 US

## 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:

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: ROBERT A SCHENK

PSD

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date