2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-12-2007 90104 028 ***150.00

DOCUMENT # G70725

1. Entity Name
CONTROLLED RELEASE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
2915 166 AVE N CLEARWATER FL 33760 US	POB 18080 CLEARWATER FL 33762 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1016 Industry Drive	P.O. Box 2284
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Shelby NC	City & State: Shelby NC
Zip: 28152 Country: USA	Zip: 28151-2284 Country: USA

4. FEI Number 59-2743360 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHART, LYNN JR.
2915 166 AVE N
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name: LAWRENCE PhaLIN
Street Address (P.O. Box Number is Not Acceptable): 225 EAST ROBINSON ST #600
City: ORLANDO FL Zip Code: 32801

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 famili[ar with] and accept the obligations of registered agent.

SIGNATURE: Lynn Burkhart 1.30.2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURKHART, LYNN 2915 166 AVE N CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Burkhart, LYNN 3125 Sandie Dr Shelby, NC 28150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia Burkhart Executive Director 1.30.07 704-487-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #