

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28074

FILED
Jan 14, 2009
Secretary of State

Entity Name: TECHNOLOGIES MANAGEMENT, INC.

Current Principal Place of Business:

2600 MAITLAND CENTER PKWY
STE 300
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 200
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 59-2717508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGHTMAN CORRINE M.
490 E WEBSTER AVE
WINTER PARK, FL 32789 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: PSC () Delete
Name: WIGHTMAN, CORRINE M
Address: 490 E WEBSTER AVE
City-St-Zip: WINTER PARK, FL 32789

Title: CFOT () Delete
Name: JOHNSON, RICHARD L
Address: 490 E WEBSTER AVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: BYRNES, MONIQUE
Address: 2600 MAITLAND CENTER PKWY STE 300
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: ROESEL, CAREY
Address: 2600 MAITLAND CENTER PKWY STE 300
City-St-Zip: MAITLAND, FL 32751

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:

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: CORRINE M. WIGHTMAN

PSC

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date