


# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K02167						<div style="text-align: right;"> <p><b>FILED</b></p> <p>10 MAY 14 PM 2:40</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> </div>			
1. Entity Name E T TECHNOLOGIES, INC.				Principal Place of Business 1111 W. MCNAB RD. POMPANO BCH., FL 33069		Mailing Address 1111 W. MCNAB RD. POMPANO BCH., FL 33069			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 65-0013795		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		56062010 Chg-P CR2E034 (11/08)	
City & State		City & State		Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
AMES, MICHAEL GEORGE 1111 W. MCNAB RD. POMPANO BEACH, FL 33069				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>					
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 re-registering) _____ DATE _____									
<b>FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMES, MICHAEL <input type="checkbox"/> Delete 1111 W MCNAB RD. POMPANO BEACH, FL 33069				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	400180472914 <input type="checkbox"/> Addition 05/06/10--01011--005 **300.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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: <u>Michael Ames Pres.</u> <span style="float: right;">954.946.7100</span>									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date		Daytime Phone #		

5/11/10