2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 01, 2006 8:00 am Secretary of State

1. Entity Name INNOVATIVE TECHNOLOGIES, LLC					05-01-2006 90083 020 ****50.00				
5970 EAST GRAND DUKE CIRCLE 5970 EAST (Mailing Address 5970 EAST GRAND DUI TAMARAC, FL 33321	EAST GRAND DUKE CIRCLE		20041681				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State			4. FEI Numbe	722433	صاد	 -	oplied For ot Applicable
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	Ò	\$5.00 Add	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered	Agent	
INGRAM, DWIGHT 5970 EAST GRAND DUKE CIRCLE TAMARAC, FL 33321					eet Address (P.O. Box Number is Not Acceptable)				
TAWARAC				City			FI	Zip Cod	e
8. The above	named entity submits this statement for	r the nurpose of changing its	registere		red agent or bot	h in the State of Flo		familiar with	and accept
the obligati	ions of registered agent.								
SIGNATURE .	Signature, typed of printed name of registered agent a	and title if applicable. (NOT)	E: Regislered	d Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
Di	ue by May 1, 2006								9
9.	MANAGING MEMBE		10.				Departr	ment of State	
		☐ Delete	TITLE NAME STRE	ì		Florida	Departr	nent of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR INGRAM, DWIGHT 5970 EAST GRAND DUKE CIRC TAMARAC, FL 33321 MGR D'AGOSTINO, JOHN 5970 EAST GRAND DUKE CIRC	□ Delete LE Delete	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP E E ET ADDRESS		Florida	Departr	ment of State	
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Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 19 OUT WAS AND SIGNATURE AND TYPED OR PRINTEGNAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dwisht Engram manager

Daytime Phone #