
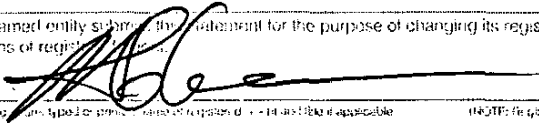
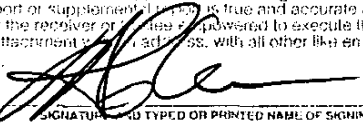


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90005 041 \*\*\*150.00

<b>DOCUMENT # L49969</b>					
1. Entity Name <b>COMPATIBLE TECHNOLOGIES OF ORLANDO, INCORPORATED</b>					
Principal Place of Business <b>5337 OLD OAK TREE DRIVE ORLANDO, FL 32808 US</b>			Mailing Address <b>5337 OLD OAK TREE DRIVE ORLANDO, FL 32808 US</b>		
2. Principal Place of Business <b>466 Chinahill Court</b>			3. Mailing Address <b>466 Chinahill Court</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Apopka</b>		City & State <b>Apopka</b>		4. FEI Number <b>59-2999305</b>	
Zip <b>32712</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CLAUDE, V A 5337 OLD OAK TREE DRIVE ORLANDO, FL 32808</b>			7. Name and Address of New Registered Agent Name <b>Claude, V.A.</b> Street Address (F.D. Box Number is Not Acceptable) <b>466 Chinahill Court</b> City <b>Apopka</b> FL Zip Code <b>32712</b>		
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 registration. SIGNATURE  <b>V.A. Claude</b> <b>1/4/2005</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	PD CLAUDE, V A 5337 OLD OAK TREE DR. ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Claude, V.A. 466 Chinahill Court Apopka, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLAUDE, DAWN M 12013 MOUNTBOTTEM DR TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAUDE DAWN M. 200 East Lake Drive Tarpon Springs FL 34688	<input checked="" 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
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 exemption stated in Section 119.07(2)(f), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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 thereto, with all other like empowered.					
SIGNATURE:  <b>V.A. Claude</b> <b>1/4/2005</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50000510**



01042005 Chg-P CR2E034 (10/03)