2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M72395

1. Entity Name
DRI TECH INC.

Principal Place of Business	Mailing Address
% HUGHIE PHILLIPS 11850 NW 37TH ST SUNRISE, FL 33323	% HUGHIE PHILLIPS 11850 NW 37TH ST SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

04252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0030355	Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIP, HUGHIE
11850 NW 37TH ST
SUNRISE, FL 33323

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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_____

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS, HUGHIE JR
STREET ADDRESS	11850 N.W. 37TH ST.
CITY-ST-ZIP	SUNRISE, FL

TITLE	D
NAME	PHILLIPS, DOROTHY
STREET ADDRESS	11850 N.W. 37TH ST.
CITY-ST-ZIP	SUNRISE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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05/14/07-80053-012 150.00

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: *Hughie Phillips* - Hughie Phillips   4/23/07   954 572 9138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #