

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000002301

1. Entity Name
BREAKTHROUGH TECHNOLOGIES CORPORATION



Principal Place of Business
**523 LANTERN CIRCLE
TEMPLE TERRACE, FL 33617-3735**

Mailing Address
**523 LANTERN CIRCLE
TEMPLE TERRACE, FL 33617-3735**



03302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADRIAN, DONALD PATRICK J
523 LANTERN CIRCLE
TEMPLE TERRACE, FL 33617-3735**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee Is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADRIAN, DONALD PATRICK J PD
STREET ADDRESS 523 LANTERN CIRCLE
CITY-ST-ZIP TEMPLE TERRACE, FL 336173735

TITLE VD
NAME EFTELAND, JON N VD
STREET ADDRESS 200 SUGARWOOD DRIVE
CITY-ST-ZIP KNOXVILLE, TN 37922

TITLE SD
NAME VAN DER VEEN, PETER C SD
STREET ADDRESS 4204 MANNING LANE
CITY-ST-ZIP DALLAS, TX 75220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000883379
04/22/08-80032-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 April / 08 813-966-1998

Date

Daytime Phone #