
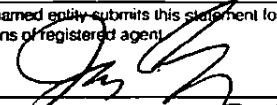
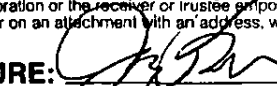


FILED
Jun 22, 2007 8:00 am
Secretary of State

5/3/

DOCUMENT # N06000003893		05-03-2007 90041 011 ****61.25	
1. Entity Name CENTRAL FLORIDA TECHNOLOGY FOUNDATION, INC.			
Principal Place of Business 6700 CONROY RD STE 250 ORLANDO, FL 32835		Mailing Address PO BOX 618500 ORLANDO, FL 32861	
2. Principal Place of Business - No P.O. Box # 3197 Wax Myrtle Ct		3. Mailing Address Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State	
Zip 32744		Country	
6. Name and Address of Current Registered Agent BUNNER, WILLIAM J 6700 CONROY RD STE 250 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name William Jay Bunner Street Address (P.O. Box Number is Not Acceptable) 3197 Wax Myrtle Ct City Kissimmee FL Zip Code 32744	
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  William Jay Bunner DATE 4/13/07 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BUNNER, WILLIAM J 6700 CONROY RD STE 250 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 618500 Orlando FL 32861 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORG, ERIC A 6700 CONROY RD STE 250 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 618500 Orlando FL 32861 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  William Jay Bunner, Pres. Date 4/13/07 Daytime Phone # 407-484-1617 <small>Signature and typed or printed name of signing officer or director</small>			