


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P01000093543 |  |
| 1. Entity Name YANKEE TECHNOLOGY RESOURCES, INC. | |

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| Principal Place of Business 3111 SHADOW POND TERRACE WINTER GARDEN, FL 34787 | Mailing Address PO BOX 1893 WINDERMERE, FL 34786 |
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DO NOT WRITE IN THIS SPACE

02272005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3747258 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent COSTA, MARK 3111 SHADOW POND TERRACE WINTER GARDEN, FL 34787 | 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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | <p>1100000248335 03/02/05-80027-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVST COSTA, MARK 3111 SHADOW POND TERRACE WINTER GARDEN, FL 34787 | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Costa MARK COSTA Feb 27 2005 407 656 9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #