2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103821

1. Entity Name

IN-O-VATE TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

810 SATURN ST

#21 JUPITER, FL 33477 810 SATURN ST #21 Jupiter, FL 33477

DO NOT WRITE IN THIS SPACE

02092007 N

No Chg-P

CR2E034 (11/05)

FILED

Feb 22, 2007 08:00 AM Secretary of State

4. FEI Number 01-0553308

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, JAMES H ESQ. 701 U.S. HIGHWAY 1, SUITE 402 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

			l				
8. The above the obligat	named entity submits this statement for the pi ions of registered agent.	urpose of changing its re	gistered office	or re	gistered agent, or bo	oth, in the State of Florida. I am familie	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: R	egizlered Agent sig	nature	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		U00000643375 03/01/07-80084-001	150.00		
10.	OFFICERS AND DIREC	TORS	·.		·····	to the second second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARPENAU, RICHARD J 6190 SAND PINE COURT JUPITER, FL 33458					Andrew State (1997)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HARPENAU, KAREN A 6190 SAND PINE COURT JUPITER, FL 33458					e e e	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SPACE	
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TITLE			- I .				•

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

lichard Hay

RICHARD HARPENAU

2/2/07

561-743-869

Daytime Phone #