2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2008 8:00 am **DOCUMENT # P01000103821 Secretary of State** 03-31-2008 90022 007 ***150.00 IN-O-VATE TECHNOLOGIES, INC. Mailing Address Principal Place of Business 810 SATURN ST 810 SATURN ST JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 01-0553308 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent XICHARD HARPENAU RYAN, JAMES HESQ. Street Address (P.O. Box Number is Not Acceptable) 701 U.S. HIGHWAY 1, SUITE 402 NORTH PALM BEACH, FL 33408 SATURNST 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 ok registered agent. SIGNATURE gent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME HARPENAU, RICHARD J NAME STREET ADDRESS 6190 SAND PINE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 VSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARPENAU, KAREN A NAME NAME 6190 SAND PINE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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. 10-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-08 5617438696

FILED