## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000119345

Entity Name: FORCE TECH INCORPORATED

FILED Feb 14, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
906 RIDGE ST. LAKE WORTH, FL 33460			
Current Mailing Address:		New Mailing Address:	
906 RIDGE ST. LAKE WORTH, FL 33460			
FEI Number:	37-1432208 FEI Number Applied For ( ) FEI Number	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
KERR, BARRINGTON 906 RIDGE ST. LAKE WORTH, FL 33460 US			
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.			
SIGNATURE:			
	Electronic Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PO ( ) Delete KERR, BARRINGTON 906 RIDGE ST. LAKE WORTH, FL 33460	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	OWN () Delete KERR, BARRINGTON O OWNER 906 RIDGE STREET LAKE WORTH, FL 33460	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	OWN () Delete KERR, BARRINGTON O OWNER 906 RIDGE STREET LAKE WORTH, FL 33460	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	OWN () Delete KERR, BARRINGTON O OWNER 906 RIDGE STREET LAKE WORTH, FL 33460	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	OWN () Delete KERR, BARRINGTON O 906 RIDGE STREE LAKE WORTH, FL 33460	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	OWN () Delete KERR, BARRINGTON O 906 RIDGE STREET LAKE WORTH, FL 33480	Title: Name: Address: City-St-Zip:	() Change () Addition
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.			

SIGNATURE: BARRINGTON KERR OWNE 02/14/2007