#### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

# **DOCUMENT # P02000027168**

INSTITUTE OF MODERN TECHNOLOGY, INC.



**FILED** Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

2875 PALM BEACH BLVD.

#C404

FORT MYERS, FL 33916

Mailing Address

2875 PALM BEACH BLVD. #C404

FORT MYERS, FL 33916



02132006 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0651121

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

G.	Name ar	rd Address	of Current	Renistered	Agent

RODRIGUEZ, ELVIS R 2875 PALM BEACH BLVD. #C404

FORT MYERS, FL 33916

### 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, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee w!!! be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ELVIS R 2875 PALM BEACH BLVD.#C404 FORT MYERS, FL 22816				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE					

# DO NOT WRITE IN THIS SPACE

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 of Storegemental 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 of 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 allow ment with an address. With all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR