

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90374 033 ***150.00

DOCUMENT # P02000071528

1. Entity Name
EXUMA TECHNOLOGIES, INC.



Principal Place of Business
**3900 WOODLAKE BLVD.
STE. 200
LAKE WORTH, FL 33463**

Mailing Address
**3900 WOODLAKE BLVD.
STE. 200
LAKE WORTH, FL 33463**

40051097



2. Principal Place of Business

**11940 NORTH US HIGHWAY ONE
Suite, Apt. #, etc.
201**

3. Mailing Address

**11940 NORTH US HIGHWAY ONE
Suite, Apt. #, etc.
201**

03242006 Chg-P CR2E034 (11/05)

City & State

NORTH PALM BEACH FL

City & State

NORTH PALM BEACH

4. FEI Number

16-1615447

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, CAM
3900 WOODLAKE BLVD.
STE. 200
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11940 NORTH US HIGHWAY ONE #201

City **NORTH PALM BEACH**

FL

Zip Code

33408

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will 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
**D
BEATY, KEITH D
3900 WOODLAKE BLVD., STE. 200
LAKE WORTH, FL 33463**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLINS, CAM
3900 WOODLAKE BLVD., STE. 200
LAKE WORTH, FL 33463**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #