

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119312

Entity Name: CELLULAR TECHNICS, INC.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

421 N WEST STREET
BUSHNELL, FL 33513

New Principal Place of Business:

150 WEST C478
WEBSTER, FL 33597

Current Mailing Address:

421 N WEST STREET
BUSHNELL, FL 33513

New Mailing Address:

PO BOX 2107
BUSHNELL, FL 33513

FEI Number: 02-0651253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, RONALD A
421 N WEST STREET
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

BERRY, RONALD A
150 WEST C478
WEBSTER, FL 33597 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:

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRY, RONALD A
Address: 150 WEST C-478
City-St-Zip: WEBSTER, FL 33597

Title: VST () Delete
Name: BERRY, JANICE L
Address: 150 WEST C-478
City-St-Zip: WEBSTER, FL 33597

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANICE L BERRY

VST

04/16/2007

Electronic Signature of Signing Officer or Director

Date