


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90269 021 ***150.00

DOCUMENT # P03000018221

1. Entity Name
 TECHNA-TOOL INTERNATIONAL, INC.



Principal Place of Business
 300 5TH AVE. SOUTH
 SUITE 101 - #460
 NAPLES, FL 34102

Mailing Address
 300 5TH AVE. SOUTH
 SUITE 101 - #460
 NAPLES, FL 34102

40077756



2. Principal Place of Business - No P.O. Box #
 596 6th Avenue North

3. Mailing Address
 596 6th Avenue North

Suite, Apt. #, etc.

03232007 Chg-P CR2E034 (12/06)

City & State
 Naples, FL

City & State
 Naples, FL

Zip
 34102

Country

4. FEI Number
 81-0602384

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
 1395 PANTHER LANE
 SUITE 300
 NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEHLING, BRUCE W MR. 300 5TH AVE. SOUTH, SUITE 101 - #460 596 6th Avenue North NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Behling, Bruce W. MR 596 6th Ave North NAPLES, FL 34102
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bruce W. Behling BEHLING, BRUCE W. Behling 4/23/07 239-384-9759 414 852 3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #