

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90019 046 ***158.75

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DOCUMENT # P03000038696 1. Entity Name O'HARA TECHNOLOGIES, INC.					
Principal Place of Business 2010 MAINSAIL CIRCLE JUPITER, FL 33477			Mailing Address 2010 MAINSAIL CIRCLE JUPITER, FL 33477		
2. Principal Place of Business Suite, Apt. #, etc. 20 Kinnear Court City & State Richmond Hill, Ontario Zip L4B 1K8		3. Mailing Address Suite, Apt. #, etc. 20 Kinnear Court City & State Richmond Hill, Ontario Zip L4B 1K8		01312005 Chg-P CR2E034 (10/03)	
Country Canada		Country Canada		4. FEI Number 56-2349678	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'HARA, GILBERT 2010 MAINSAIL CIRCLE JUPITER, FL 33477			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 (NOTE: Registered Agent signature required when reinstating) DATE Jan 31/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P/D O'HARA, DAVID 20 KINNEAR COURT RICHMOND HILL, ON L4B1KB	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D O'HARA, GILBERT 2010 MAINSAIL CIRCLE JUPITER, FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'HARA, BRIAN 20 KINNEAR COURT RICHMOND HILL, ON L4B1KB	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE Jan 31/05		