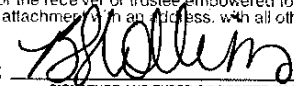


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90049 037 ***150.00

DOCUMENT # P03000106999 1. Entity Name COLLINS TECHNOLOGY, INC.					
Principal Place of Business 88 HOLLY RIDGE ROAD HAVANA, FL 32333			Mailing Address 88 HOLLY RIDGE ROAD HAVANA, FL 32333		
2. Principal Place of Business 3559 Timberlane Sch. Rd Suite, Apt. #, etc.		3. Mailing Address 3559 Timberlane Sch. Rd Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32312		City & State Tallahassee, FL Zip 32312		4. FEI Number 20-0262268	
Country US		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, EDWIN R 88 HOLLY RIDGE ROAD HAVANA, FL 32333				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 _____ Signature, heading printed name of registered agent and the corporation. (This is the registered agent's signature required under statute.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P COLLINS, EDWIN R 88 HOLLY RIDGE ROAD HAVANA, FL 32333		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COLLINS, BRANDI S 88 HOLLY RIDGE ROAD HAVANA, FL 32333		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
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 to an address, with all other like empowered.					
SIGNATURE:  Brandi S. Collins 2/1/05 88-559-0631 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					