## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jul 05, 2005 8:00 am Secretary of State 07-05-2005 90220 024 \*\*\*558.75

1. Entity Name TECH USABILITY INC.								07-03-2003	90220 024	. 550	3.75
Principal Plac	e of Busines	\$	Mailing Add	Mailing Address			ĺ				•
2206 MERCE West Palm		33401		2206 MERCER AVE West Palm Beach, FL 33401				•	50054	877	
		**									
2. Principal P		•.	1	3. Mailing Address				!			
66 Golfview Drive Suite, Apt. #, etc.				66 Colfview Drive Suite, Apt. #, etc.			05182005	Chg-P	CR2E034	(10/03)	
City & State <b>Teques</b>	e ta,: Flo	orida		City & State <b>Tequesta, Florida</b>			4. FEI Numb				oplied For ot Applicable
Zip 33469	Zip Country 3469 USA		Zip 33469	Zip         Count           3469         USA				of Status Desired		8.75 Add ee Require	ditional
	6. Name	and Address of Cur	rent Registered Ag	ent	Name		7. Name and	d Address of New	Registered Ag	ent	
GRUBB, S 46 OCEAN JUPITER.	DRIVE /	) <sup>2</sup>	146 146	Street Addr			SUSANNA M. GRUBB s (P.O. Box Number is Not Acceptable)				
00111214,	1 2 00400	,	g)	66 (			Golfview Drive				
	_					l'equesta		FL Zip Code 33469		وٌ	
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 objective agent.											
SIGNATURE 5/18/05 Signature, lyped or printed name of rediscred agent and title of applicable (NOTE. Registered Agent signature required when renstating)  DATE											
		FEE IS \$550.0 stember 7, 2005	·   _	ection Campaign I ust Fund Contribu		<b>\$5.</b> Add	.00 May Be ed to Fees				
10.		OFFICERS /	AND DIRECTORS		11.	,	ADDITIONS	/CHANGES TO OF	FICERS AND D	RECTORS	3 IN 11
TITLE NAME	P GRUBB. S	SUSANNA M	[	Delete	TITLE NAME	DS/	T ANNA M.	COURT	X	Change	☐ Addition
STREET ADDRESS	REET ADDRESS 46 OCEAN DRIVE			STREE			anna m. Golfview				
CITY-ST-ZIP	JUPITER,	FL 33469			CITY-ST-ZIP	1	u <del>esta, I</del>			<u></u>	
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THILE			(	] Delete	TITLE		,			Change	☐ Addition
NAME STREET ADDRESS					NAME						]
CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						
or the corp	poration or th	information supplied t or supplemental rep e receiver or trustee e chment with an addre	ulboweten to exect	ile inis report as ri	exemption sta ignature shall h equired by Cha	ted in Sec ave the s apter 607	ction 119.07(3) same legal effec , Florida Statute	(i), Florida Statutes. It as if made under es; and that my nam	I further certify oath; that I am e appears in B	that the in an officer lock 10 or	formation or director Block 11 if

Susanna M. Grubb

Pres.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/05

(561) 741-3486 Daytime Phone #