

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


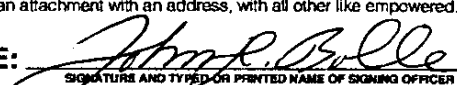
**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90056 009 \*\*\*158.75

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03312005 Chg-P CR2E034 (10/03)

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| <b>DOCUMENT # P04000157335</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                                                                                                               |                                                                                                                                                   |
| 1. Entity Name<br><b>COM-A-TECH INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                |                                                                                                                                                   |
| Principal Place of Business<br>1230 S MYRTLE AVE SUITE 101<br>CLEARWATER, FL 33756                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             | Mailing Address<br>1230 S MYRTLE AVE SUITE 101<br>CLEARWATER, FL 33756                                                                                                                                         |                                                                                                                                                   |
| 2. Principal Place of Business<br><b>1247 S. MYRTLE AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             | 3. Mailing Address<br><b>P.O. BOX 1721</b>                                                                                                                                                                     |                                                                                                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | Suite, Apt. #, etc.                                                                                                                                                                                            |                                                                                                                                                   |
| City & State<br><b>CLEARWATER, FLA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | City & State<br><b>DUNEDIN, FLA</b>                                                                                                                                                                            |                                                                                                                                                   |
| Zip<br><b>33756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                       | Zip<br><b>34697-1721</b>                                                                                                                                                                                       | Country<br><b>USA</b>                                                                                                                             |
| 4. FEI Number<br><b>20-1984591</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                         |                                                                                                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                                                                                                                                                |                                                                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>DICKINSON, ROBERT C III<br/>1230 S MYRTLE AVE SUITE 101<br/>CLEARWATER, FL 33756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br><b>Same</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1247 S. MYRTLE AVE</b><br>City<br><b>CLEARWATER FL</b> Zip Code<br><b>33756</b> |                                                                                                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                |                                                                                                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                         |                                                                                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                          |                                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PTD<br>BOLLE, JOHN D<br>1230 S MYRTLE AVE SUITE 101<br>CLEARWATER, FL 33756 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                 | PTD<br>BOLLE, JOHN D.<br>1247 S. MYRTLE AVE<br>CLEARWATER, FLA 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VSD<br>GLANTZ, KEN<br>1230 S MYRTLE AVE SUITE 101<br>CLEARWATER, FL 33756 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                 | VSD<br>GLANTZ, KEN<br>1247 S. MYRTLE AVE<br>CLEARWATER, FLA 33756 <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with all other like empowered. |                                                                                                             |                                                                                                                                                                                                                |                                                                                                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             | Date <b>March 31, 2005</b> Daytime Phone # <b>(727) 639-0716</b>                                                                                                                                               |                                                                                                                                                   |