

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90010 003 ***158.75

DOCUMENT # P04000157335					
1. Entity Name COM-A-TECH INC.					
Principal Place of Business 12475 MYRTLE AVE CLEARWATER, FL 33756			Mailing Address P.O. BOX 1721 DUNEDIN, FL 34697-1721		
2. Principal Place of Business 1497 MAIN STREET Suite, Apt. #, etc. # 328			3. Mailing Address Suite, Apt. #, etc.		
City & State Dunedin, FLORIDA			City & State		
Zip 34698		Country USA		4. FEI Number 20-1984591	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DICKINSON, ROBERT C III 1247 S MYRTLE AVE CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name: JOHN D. BOLLE Street Address (P.O. Box Number is Not Acceptable): 1497 MAIN STREET # 328 City: DUNEDIN FL Zip Code: 34698	
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: <u>John D. Bolle</u> PTD <u>JOHN D. BOLLE</u> <u>April 3, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTD BOLLE, JOHN D 1247 S MYRTLE AVE CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 1497 MAIN STREET # 328 DUNEDIN, FLA 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GLANTZ, KEN 1247 S MYRTLE AVE CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 1497 MAIN STREET # 328 DUNEDIN, FLA 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>John D. Bolle</u> <u>JOHN D. BOLLE</u> <u>April 3, 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			727- 639-0716 <small>Daytime Phone #</small>		