

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90041 010 ***150.00

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1. Entity Name
OUT OF THE BOX HOME TECHNOLOGIES INC.



Principal Place of Business
**1665 CAINS AVE
PALM BAY, FL 32907**

Mailing Address
**1665 CAINS AVE
PALM BAY, FL 32907**

40060000



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2581641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAILLANCOURT, MARK P
1665 CAINS AVE
PALM BAY, FL 32907**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAILLANCOURT, MARK P
STREET ADDRESS	1665 CAINS AVE
CITY - ST - ZIP	PALM BAY, FL 32907
TITLE	VP
NAME	SAGLIMBENI, JEREMY S
STREET ADDRESS	1333 DEFENDER ST. 1333 Defender St.
CITY - ST - ZIP	PALM BAY, FL 32907
TITLE	SEC
NAME	SAGLIMBENI, JASON R
STREET ADDRESS	1245 PALM BAY RD APT Y202
CITY - ST - ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, will call or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK VA. VAILLANCOURT

4/16/07

Date

321 223-5461

Daytime Phone #