

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000047721

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

**DO NOT WRITE IN THIS SPACE**

40060004



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2581641	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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.  
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

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, with all other like empowered.

SIGNATURE:

MARK VA. VAILLANCOURT

4/10/07

321 223-5461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #