


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 005 ***150.00

DOCUMENT # P05000055330	
1. Entity Name MOFFITT TECHNOLOGIES CORPORATION	

Principal Place of Business 12902 MAGNOLIA DR TAMPA, FL 33612	Mailing Address 12902 MAGNOLIA DR TAMPA, FL 33612
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04242007 Chg-P CR2E034 (12/06)

4. FEI Number 30-0332914	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DE LA PARTE, L. DAVID 101 E KENNEDY BLVD SUITE 3400 TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name de la Parte, L. David
Street Address (P.O. Box Number is Not Acceptable) 12902 Magnolia Drive
City Tampa
State FL
Zip Code 33612

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 L. David de la Parte	DATE 4/25/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEYERS, STEPHEN A <input type="checkbox"/> Delete 3111 WEST DR M.L. KING BLVD SUITE 300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ROTHMAN, ROBERT <input type="checkbox"/> Delete ONE TAMPA CITY CENTER SUITE 2880 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RESNICK, CHARLES R <input type="checkbox"/> Delete 4407 CHARLESTON CT TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOFFITT, H. LEE <input type="checkbox"/> Delete 3225 SOUTH MACDILL AVE SUITE 129-336 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COUCH, THEODORE J SR <input type="checkbox"/> Delete 1717 EAST FOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, LINDA <input type="checkbox"/> Delete 7600 WISCONSIN AVE 7TH FLOOR BETHESDA, MD 20814

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Meyers, Stephen A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5037 Camberly Lane Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moch, Kenneth I. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31 West 52nd Street, 17th Floor New York, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Charles R. Resnick, President		(813) 745-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #