

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 22, 2007 8:00 am
Secretary of State

04-27-2007 90190 050 ***150.00

DOCUMENT # P06000043633 1. Entity Name LISTECHNOLOGY, INC.					
Principal Place of Business 7021 GRAND NATIONAL DRIVE SUITE 106 ORLANDO, FL 32819			Mailing Address 7021 GRAND NATIONAL DRIVE SUITE 106 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1276572	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SVENDSEN, CHRISTEN SR 7021 GRAND NATIONAL DRIVE SUITE 106 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVENDSEN, CHRISTEN SR 7021 GRAND NATIONAL DRIVE SUITE 106 ORLANDO, FL 32819	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Christen Svendsen Sr.</u> / <u>CHRISTEN SVENDSEN, SR.</u> 4-19-07 (407) 428 6226					