2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000083464

Entity Name: FLORIDA VIDEO TECHNOLOGIES, INC.

Current Principal Place of Business:

570 SW VIOLET AVE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

1740 SW ST LUCIE WEST BLVD
#112
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

570 SW VIOLET AVE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

1740 SW ST LUCIE WEST BLVD
#112
PORT ST LUCIE, FL 34986 US

FEI Number: 86-1170501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACPHEE, KENNETH
1740 SW ST LUCIE WEST BLVD
SUITE 112
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MACPHEE, KENNETH
570 SW VIOLET AVE
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE: KENNETH MACPHEE 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MACPHEE, KENNETH
Address: 570 SW VIOLET AVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP ( ) Delete
Name: MACPHEE, KENNETH
Address: 570 SW VIOLET AVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: S ( ) Delete
Name: MACPHEE, KENNETH
Address: 570 SW VIOLET AVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: T ( ) Delete
Name: MACPHEE, KENNETH
Address: 570 SW VIOLET AVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH MACPHEE P 04/30/2007
Electronic Signature of Signing Officer or Director Date