

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000027940

1. Entity Name
TECHWIZ, INC.



Principal Place of Business
1952 SPANISH OAK DRIVE SOUTH
PALM HARBOR, FL 34683

Mailing Address
1952 SPANISH OAKS DRIVE SOUTH
PALM HARBOR, FL 34683

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

01132008 Chg-P CR2E034 (12/06)

4. FEI Number <i>20-8668357</i>	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

WATKINS, CARL T
5103 MEMORIAL HWY
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name *STEVEN J. HOLLIS*

Street Address (P.O. Box Number is Not Acceptable)

1952 SPANISH OAKS DRIVE SOUTH

City

Palm Harbor

FL

Zip Code
34683

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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. LAUTER, MARK S
NAME
STREET ADDRESS 400 ISLAND WAY # 1103
CITY-ST-ZIP CLEAR WATER BEACH, FL 33767

Delete

T. HOLLIS, STEVEN J
NAME
STREET ADDRESS 1952 SPANISH OAKS DRIVE SOUTH
CITY-ST-ZIP PALM HARBOR, FL 34683

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 empowerments.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/08

Date

727-424-0445

Daytime Phone #

01-16-2008 90050 018 ***150.00

**FILED
Jan 16, 2008 8:00 am
Secretary of State**