

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000094417

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** THE CENTER FOR TECHNOLOGY INNOVATION, INC.

**Current Principal Place of Business:**

401 BOATING CLUB RD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 263  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOBZA, DEBORAH  
401 BOATING CLUB RD  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KOBZA, DEBORAH  
Address: 401 BOATING CLUB RD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: SINGLETARY, JOSHUA  
Address: 401 BOATING CLUB RD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: KOBZA, JOE  
Address: 401 BOATING CLUB RD  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH KOBZA

CEO

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date