

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90164 013 ***150.00

DOCUMENT # P92000000867 1. Entity Name TECHNOLOGY RESOURCES GROUP, INC.			
Principal Place of Business 2900 LAKE SHORE DRIVE ORLANDO, FL 32803 US		Mailing Address PO BOX 2147 WINTER PARK, FL 32790-2147 US	
2. Principal Place of Business 633 Buoy Lane Suite, Apt. #, etc. Apt. C203		3. Mailing Address Suite, Apt. #, etc.	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32790		Zip 32790	
4. FEI Number 59-3149734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTUSKA, GEORGE E 2900 LAKE SHORE DRIVE ORLANDO, FL 32803		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BARTUSKA, GEORGE E 2900 LAKE SHORE DRIVE ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bartuska, George E 633 Buoy Lane, Apt. C203 Altamonte Springs, FL 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>George E. Bartuska</u> GEORGE E. BARTUSKA 3-4-06 407-628-3670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			