


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90032 023 ***150.00

DOCUMENT # P93000022564					
1. Entity Name A-1 TECHNOLOGIES, INC.					
Principal Place of Business 3570 WEBBER ST STE 101 SARASOTA, FL 34239 US			Mailing Address 3570 WEBBER ST STE 101 SARASOTA, FL 34239 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Remove Ste #</i>		Suite, Apt. #, etc. <i>Remove Ste #</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0391540	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAYTON, MICHAEL J 6548 BOWLINE DR SARASOTA, FL 34231				Name <i>Nancy L. Layton</i> Street Address (P.O. Box Number is Not Acceptable) <i>6548 Bowline Dr.</i> City <i>Sarasota</i> FL <i>34231</i>	
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 <i>M. Layton</i> 2-7-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	* P LAYTON, MICHAEL J 6548 BOWLINE DR SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Nancy L. Layton 6548 Bowline Dr. Sarasota, FL 34231
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input 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: <i>M. Layton</i> 2-7-2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					