

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073828

Entity Name: WITTEN TECHNOLOGIES, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

1365 WINDSOR HARBOR DRIVE  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

1365 WINDSOR HARBOR DR  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207 US

FEI Number: 59-3284628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HURSE, BRIAN H SR  
1365 WINDSOR HARBOR DR  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

KIRSCHNER, KENNETH M  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207 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 M. KIRSCHNER

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/O ( ) Delete  
Name: GREEN, ROBERT E CEO  
Address: 3638 OVERLOOK AVE  
City-St-Zip: MACON, GA 31204

Title: D ( ) Delete  
Name: MILNE, DOUG  
Address: 4595 LEXINGTON AVE  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D/O ( ) Delete  
Name: HURSE, BRIAN H EVP  
Address: 1365 WINDSOR HARBOR DR  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D ( ) Delete  
Name: HOGAN, MICHAEL  
Address: 5007 EAGLE POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: O ( ) Delete  
Name: KRAUSE, JOHN L SR. VP  
Address: 2324 GATES DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: O ( ) Delete  
Name: BIRKEN, RALF  
Address: 35 MEDFORD ST #306  
City-St-Zip: SOMERVILLE, MA 02143

## 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:

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: ROBERT E. GREEN

D/O

04/27/2007

Electronic Signature of Signing Officer or Director

Date