2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# P94000076311

Entity Name: WIRING TECHNOLOGIES INC.

Current Principal Place of Business:

871 SUNSHINE LANE
105
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

1015 SUNSHINE LN
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

871 SUNSHINE LANE
105
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

1015 SUNSHINE LN
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3278134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODEN, THOMAS A
1115 TUCKASEEGEE TR
MAITLAND, FL 32751 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COX, MICHAEL P
Address: 647 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete
Name: ODEN, THOMAS A
Address: 1115 TUCKASEEGEE TR
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete
Name: MAGILL, ADAM T
Address: 940 LASCALA DR
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: COX, MICHAEL P
Address: 647 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: P (X) Change ( ) Addition
Name: ODEN, THOMAS A
Address: 1115 TUCKASEEGEE TR
City-St-Zip: MAITLAND, FL 32751

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: ADAM T MAGILL T 03/03/2009

Electronic Signature of Signing Officer or Director Date