2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026169

City-St-Zip:

FORT MYERS BEACH, FL 33931

Entity Name: M2 TECHNOLOGIES, INC.

FILED May 04, 2005 Secretary of State

| • | | ···, ···-· | | | | |
|---|--|--------------------------------|---|---|----------------------------|--|
| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | |
| | ISEY WAY, SU S, FL 33907 | ITE 17 | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| P.O. BOX 2789 FORT MYERS BEACH, FL 33932 | | | P.O. BOX 438 HARRODSBURG, KY 40330 | | | |
| FEI Number | : 65-0569164 | FEI Number Applied For () | FEI Number Not App | licable () Certific | ate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| | | ., SOUTH, SUITE A-1 4 US | | | | |
| The above in the State | e named entity e of Florida. | submits this statement for the | purpose of changing | its registered office or | registered agent, or both, | |
| SIGNATU | RE: | | | | | |
| | Electror | nic Signature of Registered A | gent | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICER | S AND DIREC | TORS: | ADDITION | IS/CHANGES TO OF | FICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (MORRIS, JANE 498 ELLIOTT F CENTERVILLE | OAD | Title: Name: Address: City-St-Zip: | ()Change | () Addition | |
| Title: Name: Address: City-St-Zip: | DST (MORRIS, CHR 498 ELLIOTT F CENTERVILLE | OAD | Title: Name: Address: City-St-Zip: | ()Change | () Addition | |
| Title: Name: | CFO (BODENHAMER | • | Title: Name: | CFO (X) Change BODENHAMER, JUNE | () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

HARRODSBURG, KY 40330

SIGNATURE: JUNE BODENHAMER CFO 05/04/2005