2005 FOR PROFIT CORPORATION ANNUAL REPORT

C1TY-ST-71P

SIGNATURE:

Secretary of State DOCUMENT # P97000041003 07-21-2005 90031 015 ***150.00 1. Entity Name CABLE TECHNOLOGY, INC. Principal Place of Business Mailing Address 20000114 **5803 PRINCETON DRIVE** PO BOX 4306 PENSACOLA, FL 32526 PENSACOLA, FL 32507-0306 2. Principal Place of Business 3. Mailing Address Sine Same Suite, Apt. #, etc. Suite, Apt. #, etc. 05092005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3442670 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -WELBORN, BILLY R Street Address (P.O. Box Number is Not Acceptable) 5803 PRINCESS DR PENSACOLA, FL City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ■ Addition WELBORN, BILLY R NAME NAME STREET ADDRESS 102 TREASURE PALM DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP TITLE Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 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.

Grifes WDix Jr. 11 7-15-05 850-261-9327

FILED Jul 21, 2005 8:00 am Caule Technology, Inc. ATTACHMENT

P97000041003

50056779

Dept. of Cosp. POBOX 1500. Tolla hassee St. 32302-1500

Dear Sir:

In legards to your letter of 5-12-05, you returned the Chark I sent you dated 4-29-05 + moiled on that date. I had no Annual report to send with payment. The amount had been 150,00 Annual in the past so that is how I came up with payment, Knowing it was due by 5-1-05.

For the post whree months our work has been in North Dla. + acogal Birmingham, So I did not know that you had returned

the char with the corp Form.

Also I received a notice of intent to Dissolve, and around the Same time a coop compliance notice, which is the first time I have seen such Form, is this one + the same as coop Report It so, I notice a fec of 100.00 on it.

If we can resolve this mater, with payment enclosed them we Will keep business in Ila, other wise we will reloase to Ala, Sonce

All week now is in pla.

Again with being out of State for the post 3 Months I was not aware that we had a problem. In the past you had aways mailed the form in advance, why I didn't receive one for 2005, I don't Know, Also Il the Ree is Still 150,60 per year

Thank you Charles Whig G. V. f.