


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000053967 1. Entity Name TEKO TECHNICIANS, INC. |  |
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| Principal Place of Business 9405 SE FEDERAL HWY HOBE SOUND, FL 33455 | Mailing Address P.O. BOX 1214 HOBE SOUND, FL 33475 |
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0761630 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CURRIER, LEATRICE J PRES. 9405 SE FEDERAL HWY HOBE SOUND, FL 33455 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000532904 01/22/07-800009-019 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURRIER, LEATRICE 9405 SE FEDERAL HWY HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CURRIER, EDWARD 9405 SE FEDERAL HWY HOBE SOUND, FL 33455 |
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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: Edward Currier **Edward Currier** 1-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
V.P.