

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079341

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: A 2 Z TECHNOLOGIES CORPORATION

## Current Principal Place of Business:

122 BERMUDA CIRCLE  
NICEVILLE, FL 32578

## New Principal Place of Business:

## Current Mailing Address:

4516 HWY 20 E  
STE 210  
NICEVILLE, FL 32578 US

## New Mailing Address:

FEI Number: 65-0795773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, CHRIS  
122 BERMUDA CIRCLE  
NICEVILLE, FL 32578 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: ANDERSON, CHRIS  
Address: 4556 KNOLLWOOD LN  
City-St-Zip: NICEVILLE, FL 32578

Title: ST ( ) Delete  
Name: SNYDER, LAWRENCE  
Address: 1608 OAKMONT CIR  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: CHRIS ANDERSON

PRES

04/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date