


**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000079659</b> 1. Entity Name IQ TECH, INC.	
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Principal Place of Business 104 DONLON DRIVE NEW SMYRNA, FL 32168	Mailing Address 104 DONLON DRIVE NEW SMYRNA, FL 32168
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**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3703133	Applied For Not Applicable
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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

LAWRENCE, FREDERICK  
104 DONLON DRIVE  
NEW SMYRNA, FL 32168

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, FREDERICK 104 DONLON DRIVE NEW SMYRNA, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, LOLA 104 DONLON DRIVE NEW SMYRNA, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LAWRENCE, FREDERICK 104 DONLON DR NEW SAYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LAWRENCE, LOLA 104 DONLON DR NEW SAYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000299417  
04/11/05-80108-007 150.00

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IN THIS SPACE**

12. I hereby 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Frederick Lawrence* - **FRED LAWRENCE** 386-465-6579