


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000079659 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



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3703133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, FREDERICK
104 DONLON DRIVE
NEW SMYRNA, FL 32168

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000902169 04/29/08-80096-013 150.00
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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	

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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:  4-15-08 386-465-6579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #