

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90412 034 ***150.00

DOCUMENT # P98000004145
 1. Entity Name
TECHNOLOGIES TO BE, INCORPORATED



Principal Place of Business Mailing Address
 12001 SCIENCE DRIVE 12001 SCIENCE DRIVE
 165 165
 ORLANDO, FL 32826 ORLANDO, FL 32826

50012841



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
59-3487054 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVIN, MICHAEL A
 858 LINTON AVENUE
 ORLANDO, FL 32809

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
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, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|--|
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIN, MICHAEL A | NAME | |
| STREET ADDRESS | 858 LINTON AVE | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32809 | CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FULLER, GLENN C | NAME | |
| STREET ADDRESS | 4718 HAYLOCK DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FULLER, MICHELLE G | NAME | CHARLES, JOHNNY F. |
| STREET ADDRESS | 4718 HAYLOCK DRIVE | STREET ADDRESS | 4537 SEAFARER WAY |
| CITY-ST-ZIP | ORLANDO, FL 32807 | CITY-ST-ZIP | ORLANDO, FL 32817 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Michelle Fuller 3/30/2006 (407)737-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patrick M. Burns, CPA, PA

Accountants, Consultants, and Tax Professionals

ATTACHMENT

50012841
98000004145

March 07, 2006

Mr. Michael Levin
Technologies To Be, Inc.
12001 Sscience Drive
Suite 165
Orlando, FL 32826

Re: 2006 - For Profit Corporation Annual Report

Dear Mike:

Enclosed is the completed 2006 For Profit Corporation Annual Report for your business. In order to maintain an active status with the Florida Division of Corporations, each year you are required to file an updated annual report and pay an annual registration fee of \$150.00. Please review the enclosed report for accuracy, note any changes to officers and/or mailing addresses and then sign and date where highlighted at the bottom of page one. Please make your check for \$150.00 payable to "Department of State" and mail with the original, signed annual report to:

*Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500*

In order to avoid your corporation being administratively dissolved and incurring a reinstatement fee of \$550.00, this report must be filed by **May 1, 2006**. Please retain a copy of the submitted report and registration fee in your files.

If you have any questions, please feel free to contact me directly at (407) 228-4443. Thank you for your business!

Sincerely,



Patrick M. Burns, CPA.