2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

04222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3487054	Not Applicable

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

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS

TITLE	V
NAME	LEVIN, MICHAEL A
STREET ADDRESS	858 LINTON AVE
CITY-ST-ZIP	ORLANDO, FL 32809

TITLE	PST
NAME	FULLER, MICHELLE G
STREET ADDRESS	4718 HAYLOCK DRIVE
CITY-ST-ZIP	ORLANDO, FL 32807

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000922393
05/15/08-80045-004 150.00

DO NOT WRITE
IN THIS SPACE

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_   4/22/2008   407-737-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #