


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000110278**  
 1. Entity Name  
**CONNECTTECH, CORP.**



Principal Place of Business      Mailing Address  
**3013 SE 18TH AVE**      **3013 SE 18TH AVE**  
**CAPE CORAL, FL 33904**      **CAPE CORAL, FL 33904**

**DO NOT WRITE IN THIS SPACE**



04152005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0970475**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARDINI, GARY**  
**3013 SE 18TH AVE**  
**CAPE CORAL, FL 33904**

**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**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.            Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CARDINI, BARBARA
STREET ADDRESS	3013 SE 18TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	V
NAME	CARDINI, GARY
STREET ADDRESS	3013 SE 18TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T
NAME	CARDINI, BARBARA
STREET ADDRESS	3013 SE 18TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	CARDINI, GARY
STREET ADDRESS	3013 SE 18TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000326211  
 04/23/05-80047-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_      **21 APR 05 (239) 540-3234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #