2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # S81734 1. Entity Name STEPHEN'S TECHNOLOGIES, INC. Principal Place of Business 31004 HWY 27 LAKE HAMILTON, FL 33851 US Mailing Address P.O. BOX 478 LAKE HAMILTON, FL 33851 US DO NOT WRITE IN THIS SPACE

SIGNATURE: _

FILED Jan 10, 2007 08:00 AM Secretary of State



D	O NOT WRITE II	01052007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0281282 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current Regis	tered Agent					
WILSON, GARY K. 4501 TAMIAMI TR NO. STE 400 NAPLES, FL 34103			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.							
•	ons or registered agent.						
SIGNATURE Signature, typed or printed name of registered egent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	· – •	5.00 May Be dded to Fees	U00000: 01/10/07∹	80888 30065-023	150.00
10.	OFFICERS AND DIREC	CTORS	<u> </u>		<u></u>		·
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BARTON, KENNETH 31004 HWY 27, PO BOX 478 LAKE HAMILTON, FL 33851 TS BARTON, KENNETH						
STREET ADDRESS CITY-ST-ZIP	31004 HWY 27, PO BOX 478 LAKE HAMILTON, FL 33851						
TITLE Name Street address City-St-Zip				DO	NOT W	RITE	
TITLE Name Street address City-St-Zip				in ⁻	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE VAME STREET ADDRESS CITY-ST-ZIP	Andre	D					
12. I hereby of indicated of the correctanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with at	ling does not qualify for the exe and accurate and that my signat d to execute this report as requir other like empowered:	imptions contain ure shall have the ed by Chapter 6	607, Florida Statute	e, Florida Statutes. I ct as if made under o ss; and that my name	further certify that ath; that I am an o appears in Block	the information officer or director 10 or Block 11 if