


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # S94652 1. Entity Name CUMBERLAND TECHNOLOGIES, INC.	
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Principal Place of Business 4311 WEST WATERS AVE STE 401 TAMPA, FL 33614 US	Mailing Address 4311 WEST WATERS AVE STE 401 TAMPA, FL 33614 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3094503	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 WILLIAMS, JOSEPH M. 4311 W. WATERS AVE. SUITE 501 TAMPA, FL 33614	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, FRANCIS M. 1501 2ND AVENUE EAST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMS, JOSEPH M. 4311 W WATERS AVE STE 401 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACK, CAROL S 4311 W WATERS AVE STE 401 TAMPA, FL 33614
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/07-80008-024 150.00

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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: 	1-8-07	813-885-4019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #