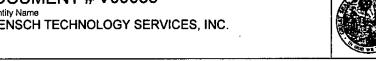
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V09035 1. Entity Name FRENSCH TECHNOLOGY SERVICES, INC.

FILED Apr 25, 2007 08:00 Al Secretary of State



107 WAX MYRTLE LN LONGWOOD, FL 32779

Principal Place of Business

Mailing Address PO BOX 160303 ALTAMONTE SPRINGS, FL 32716



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04092007 No Chg-P Applied For 4. FEI Number

59-3101485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

FRANKE, JOHN 107 WAX MYRTLE LANE LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purplions of registered agent.	oose of changing its registere	ed office or registered agent, of	or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE: Registere	d Agent signature required when reinstati	ng)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					
10.	OFFICERS AND DIRECTO	ORS	Mary Court to the		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENSCH, JOLANDA 107 WAX MYRTLE LN LONGWOOD, FL 32779				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKE, JOHN 107 WAX MYRTLE LANE LONGWOOD, FL 32779			\U00000 05/09/07-(30109-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	-		O NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in in	N THIS SF	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• ,				
TITLE NAME STREET ADDRESS					

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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-862-5999