2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # V51042 1. Entity Name APPROPRIATE TECHNOLOGY, INC.								. 1	03-13-2006	5 90073 0	21 ***15	50.00
Principal Place of Business 2175 LAUREL RUN DRIVE OCALA, FL 34471				Mailing Address 2175 LAUREL RUN DRIVE OCALA, FL 34471			,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DI BIIBI IIBII ABIII BIBIB HT	I MIMIN MAMIN MAMIN	DIELY DIEKI BIBI	1984 (1 JCT)
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite,	Apt. #, etc.			03042006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State				4. FEI Numb		•		plied For t Applicable
Zip	Country			Zip Count			try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address o	f Current R	egistered	Agent		7. Name and Address of New Registered Agent					
BAGGETT, SAMUEL MILLARD 2175 LAUREL RUN DRIVE						Name Street Address (P.O. Box Number is Not Acceptable)						
OCALA, FL 34471										•		
							City FL Zip Code					
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										DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.								5.00 May Be Ided to Fees				
10.		OFFIC	ERS AND C	IRECTOR:	3	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
NAME STREET ADDRESS	4 545 SE	T, KATHLEEN 13TH STREET	2175	Lau	Detete vel Run		- I				Change	☐ Addition
	OCALA, F D	L 3447	<u> </u>		☐ Delete	TITL					□ Сhалре	Addition
		T, SAMUEL M		_,			E ADDRESS				LT CHANGE	7,000,000
STREET ADDRESS												
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		☐ Delete		- 1				Change	☐ Addition
TITLE NAME STREET ADDRESS				_	☐ Delete	TITL NAM	E				☐ Change	Addition
CITY+ST-ZIP							-ST-ZIP					
TITULE					☐ Delete	TITL	E				☐ Change	Addition
NAME						NAM	E					
STREET ADDRESS							ET ADDRESS					
CITY-ST-ZIP			-		D 5.00		-ST-ZIP				☐ Change	☐ Addition
TITLE					☐ Delete	TITE Nam					∟ change	
STREET ADORESS						1	EET ADDRESS					
CITY-ST-ZIP						CITY	-ST-ZIP					
indicated o	n this repo	rt or supplement	al report is	true and a	ccurate and that	my signa	ture shall have the	e same legal eff	19, Florida Statutes. ect as if made under tes; and that my nam	oath; that I as	m an officer	or director