


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

P103974

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # P95000026169</b>  |         |         |         |
| 1. Entity Name<br><b>M2 TECHNOLOGIES, INC.</b>  |         |  |         |
| Principal Place of Business<br><b>5235 RAMSEY WAY, SUITE 17<br/>FT. MYERS FL 33907</b>  |         | Mailing Address<br><b>P.O. BOX 438<br/>HARRODSBURG KY 40330</b>                          |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| 6. Name and Address of Current Registered Agent   |         | 7. Name and Address of New Registered Agent  |         |
| <b>FOX, MORRIS B<br/>4020 DEL PRADO BLVD., SOUTH, SUITE A-1<br/>CAPE CORAL FL 33904</b>   |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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   |         |



1st MOORE CR2E034 (10/06)

|  |  |
|--|--|
| 4. FEI Number <b>65-0569164</b>                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  **\$5.00** May Be Trust Fund Contribution  Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MORRIS, JANET<br>498 ELLIOTT ROAD<br>CENTERVILLE MA 02632 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>MORRIS, CHRISTOPHER<br>498 ELLIOTT ROAD<br>CENTERVILLE MA 02632 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U0000071231<br>04/26/07-80041-017 158.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>BODENHAMER, JUNE<br>3144 PERRYVILLE ROAD<br>HARRODSBURG KY 40330 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *June Bodenhamer* June Bodenhamer 4-11-07 8597348360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #