2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 841296

1. Entity Name

3D/INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1900 W. LOOP S., SUITE 600 ATTN:ALLYSON HOFFMAN HOUSTON TX 77027	1900 W. LOOP S., SUITE 600 ATTN:ALLYSON HOFFMAN HOUSTON TX 77027

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 74-1493691 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 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 accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Add
NAME	THOMSEN, CHARLES B	NAME	
STREET ADDRESS	1900 W LOOP S, #600	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add
NAME	MURPH, JOHN	NAME	
STREET ADDRESS	1900 W LOOP S #600	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	SVP ☐ Delete	TITLE	☐ Change ☐ Add
NAME	FLYNN, JIM	NAME	
STREET ADDRESS	360 SYLVAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Add
NAME	BEGNAUD, RONALD	NAME	
STREET ADDRESS	1900 W. LOOP S., #600	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	VS ☐ Delete	TITLE	☐ Change ☐ Add
NAME	FLEISHACKER, ALAN	NAME	
STREET ADDRESS	1900 W. LOOP S. # 600	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Add
NAME	WILLIAM, TURNER	NAME	
STREET ADDRESS	1900 WEST LOOP SOUTH #600	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	CITY-ST-ZIP	

U00000484267
04/12/06-80032-001 150.00

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 the address, with all other like empowered.

SIGNATURE: _____