


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F72886**  
 1. Entity Name  
**NEW TECH INDUSTRIES INC.**



Principal Place of Business      Mailing Address  
**5000 OAKES ROAD**                      **5000 OAKES RD**  
**SUITE A**                                      **STE A**  
**DAVIE, FL 33314 US**                      **FORT LAUDERDALE, FL 33314 US**



01242006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2175005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PARDEE, JAMES A JR**  
**6121 APPALOOSA TRAIL**  
**FORT LAUDERDALE, FL 33330**

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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE <b>04/10/06-80023-023 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>VD</b>	<b>PARDEE, JAMES A JR</b> 6121 APPALOOSA TR FORT LAUDERDALE, FL 33330
TITLE <b>PD</b>	<b>ROSE, HARRY M</b> 2115 SW 97 LANE FT LAUDERDALE, FL
TITLE <b>TD</b>	<b>PARDEE, BARBARA B</b> 6121 APPALOOSA TR FORT LAUDERDALE, FL 33330
TITLE <b>STD</b>	<b>ROSE, DONNA</b> 2115 SW 97 LANE FT LAUDERDALE, FL
TITLE <b></b>	
TITLE <b></b>	

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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 officer 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:       **3-22-06**      **954-581-6688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #