


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|------------------------|---------------------------------|--|--|------------------------------|
| DOCUMENT # L50067 | | | |  | |
| 1. Entity Name SENTECH EAS INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 2843 CENTERPORT CIRCLE POMPANO BEACH FL 33064 US | | | Mailing Address 2843 CENTERPORT CIRCLE POMPANO BEACH FL 33064 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0172724 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPAGNA, RICHARD 2843 CENTERPORT CIRCLE POMPANO BEACH FL 33064 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | | | |
| 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 \$5.00 May : Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | SPAGNA, RICHARD J. | | NAME | | |
| STREET ADDRESS | 5158 NW 52ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | | CITY-ST-ZIP | | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | MULHARE, EDWARD A. | | NAME | | |
| STREET ADDRESS | 686 WESTVIEW COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | RIVERDALE NJ 07861 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | RESANOVICH, MILAN | | NAME | | |
| STREET ADDRESS | 21 ROBINHOOD LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHATHAM NJ 07928 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | NICOLETTE, THOMAS A | | NAME | | |
| STREET ADDRESS | 7 SPRINGHOLLOW ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CENTERPORT NY 11721 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0172724** Applied For: Not Applied:

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

7. Name and Address of New Registered Agent
 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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May :
 Trust Fund Contribution. **Added to Fees**

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| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | SPAGNA, RICHARD J. | | NAME | | |
| STREET ADDRESS | 5158 NW 52ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | | CITY-ST-ZIP | | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | MULHARE, EDWARD A. | | NAME | | |
| STREET ADDRESS | 686 WESTVIEW COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | RIVERDALE NJ 07861 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | RESANOVICH, MILAN | | NAME | | |
| STREET ADDRESS | 21 ROBINHOOD LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHATHAM NJ 07928 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | NICOLETTE, THOMAS A | | NAME | | |
| STREET ADDRESS | 7 SPRINGHOLLOW ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CENTERPORT NY 11721 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *Richard Spagna* **PRESIDENT** 4/13/06