


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010373
 1. Entity Name
 TECHS, INC.



Principal Place of Business Mailing Address
 9200 SW 132 ST 9200 SW 132 ST
 MIAMI, FL 33176 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0933372 Not Applicable

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

6. Name and Address of Current Registered Agent
 PERRY, CLEMMIE C
 9200 SW 132 ST
 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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 Clemmie Perry Clemmie PERRY 3/22/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning.) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REDDICK, DORIS R 1121 GRACE ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELS, KIMBERLY 16740 SW 99 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JEAN P.O.BOX 1173 BRANDON, FL 33509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000317887
 04/20/05-80037-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: Clemmie Perry Clemmie PERRY 3/22/05 305 552 2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #