2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 09, 2006 08:00 AN Secretary of State

<u>√2-6-06 √305 828-27</u>9° Date Dayline Phone #

DOCUMENT # P01000081529 1. Entity Name EPG CONTROLS, INC.			Secretary of State			
Principal Pla 3140 WEST BLDG D UNI HIALEAH, FI	84 STREET T 8	Aailing Address 708 NW 177 AVE PEMBROKE PINES, FL 33029				
DO NOT WRITE IN THIS SPACE				02012006 4. FEI Numb 65-113	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
708 NW 1	6. Name and Address of Current Region, CYNTHIA A 77 AVE KE PINES, FL 33029	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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalgn Finar Trust Fund Contribution.				.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	P GUARDIA, PAULO 708 NW 177TH AVE PEMBROKE PINES, FL 33029 ST GUARDIA, CYNTHIA 708 NW 177TH AVE	U00000427003 02/20/06-80065-018 150.00				
CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES, FL 33029				NOT W THIS SF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c	certify that the information supplied with this f	illus closs nor qualify for the exe	mptions contained	in Chapter 119), Florida Statutes. 1	further certify that the information
indicated of the con changed,	certify that the information supplied with this fi on this report or supplemental report is trued poration or the receiven or tlusted empowere or on an attachment with an address, with all	and requrate and that my signated for execute this report as required by the like empowered.	ure shall have the s ed by Chapter 607	ame legal effec , Florida Statute	ot as if made under o s; and that my name	eath; that I am an officer or director appears in Block 10 or Block 11 if