

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90116 011 \*\*\*150.00

**DOCUMENT # P01000105087**  
 1. Entity Name  
**HADRONIC TECHNOLOGIES PRESS, INC.**



Principal Place of Business: **35246 US HIGHWAY 19 NORTH #115 PALM HARBOR FL 34684**  
 Mailing Address: **35246 US HIGHWAY 19 NORTH #115 PALM HARBOR FL 34684**  
*PLEASE CORRECT !!*



2. Principal Place of Business: Suite, Apt. #, etc. **# 215**  
 3. Mailing Address: Suite, Apt. #, etc. **# 215**

1st MOORE CR2E034 (10/05)

City & State: **MIAMI FL**  
 Zip: **33145**

4. FEI Number **65-1148422**  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

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 resigning) 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 Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> NAME: <b>SANTILLI, RUGGERO M</b> STREET ADDRESS: <b>35246 US HIGHWAY 19 NORTH #115</b> CITY-ST-ZIP: <b>PALM HARBOR FL 34684</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>VTD</b> NAME: <b>SANTILLI, CARLA</b> STREET ADDRESS: <b>35246 US HIGHWAY 19 NORTH #115</b> CITY-ST-ZIP: <b>PALM HARBOR FL 34684</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PRESIDENT</b> NAME: <b>SANTILLI CARLA</b> STREET ADDRESS: <b>35246 US HIGHWAY 19 NORTH #215</b> CITY-ST-ZIP: <b>PALM HARBOR FL 34684</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carla Santilli* **PRESIDENT** **3-19-06** **72793495**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR