2006 FOR PROFIT CORPORATION

May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2006 90247 044 ***150 00 **DOCUMENT # P04000169171** 1. Entity Name DOWN VOLTAGE, INC. Mailing Address Principal Place of Business PO BOX 110563 60034757 410 NW 32 PL HIALEAH, FL 33011 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 20-2070286 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TREJO, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 410 NW 32 PL MIAMI, FL 33125 Zip Code City 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. the sections SIGNATURE DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Change Addition TITLE Delete TREJO, ALFREDO NAME NAME 410 NW 32 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL+ 33125 ☐ Addition ☐ Change TITLE ☐ Delete TITLE CALDERON, EUCARIS NAME NAME STREET ADDRESS 410 NW 32 PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33125 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIT! F ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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.

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED