2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # P06000117988** 04-11-2007 90025 014 ***150 00 SHULTZ TECHNOLOGIES CORPORATION Principal Place of Business Mailing Address 5907 PITCH PINE DR 5907 PITCH PINE DR 40056401 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 CR2E034 (12/06) City & State Applied For City & State 4. FEL Number Not Applicable Zip Zip Country Country \$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 Name SHULTZ, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 5907 PITCH PINE DR ORLANDO, FL 32819 City 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. Signature, typed or printed name of registered agent and atteir applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME SHULTZ, RONALD N NAME 5907 PITCH PINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE VΤ Delete TITLE ☐ Change ☐ Addition SHULTZ, PATRICIA A NAME NAME STREET ADDRESS 5907 PITCH PINE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITEF ☐ Change Addition SHULTZ, MICHAEL W NAME NAME 1038 BURLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 attachpent with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP

☐ Change

☐ Addition

FILED