2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

104-23-2004 90527 002 ****17.50 **DOCUMENT # P94000041117** 04-23-2004 90527 003 ****20.00 04 HAY -5 ATT 9: \$294000041117 1. Entity Name SPECTRO TECHNICAL SERVICES, INC. TĂŢĹŅĦĀSSĒĒ, FĻORIDA Principal Place of Business Mailing Address 1274 SW MELROSE AVE PORT ST LUCIE FL 34953 1274 SW MELROSE AVE PORT ST LUCIE FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0571938 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UTEVSKAYA, OLGA 1274 SW MELROSE AVE. Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34953 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. OLGA UTEVSKAYA G SEV CUASA (NOTE: Registered Agent signature required when in FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change UTEVSKAYA, OLGA NAME MAME 1274 S.W. MELROSE AVENUE STREET ADDRESS STREET ADDRESS PORT ST. LUCIÉ FL 34953 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Chance TITLE ☐ Detete NAME KARK, ANDREY NAME 1274 S.W. MELROSE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34953 CITY-ST-ZIP ■ Addition Delete TITLE ☐ Change KARK, GREGORY NAME NAME STREET ADDRESS STREET ADDRESS 1274 SW. MELROSE AVENUE CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34953 Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Chance □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i). 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. SCOR WENTURED OLGA UTEVSKAYA SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-2004 90527 001 ***150.00