


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90177 036 ***150.00

DOCUMENT # 489661 1. Entity Name AHIMSA TECHNIC, INCORPORATED					
Principal Place of Business 140 SOUTH BEACH ST. #400 DAYTONA BEACH, FL 32114 US			Mailing Address PO BOX 269 DAYTONA BEACH, FL 32115-0269 US		
2. Principal Place of Business 440 WESTERN RD Suite, Apt. #, etc.			3. Mailing Address PO BOX 291278 Suite, Apt. #, etc.		
City & State NEW SMYRNA BCH FL			City & State PORT ORANGE FL		
Zip 32168 8971		Country US		Zip 32129 1278	
Country US		4. FEI Number 59-1655496			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BULLARD, ROBERT R. PO BOX 269 140 SO. BEACH ST. #400 DAYTONA BEACH, FL 32215-0269			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 440 WESTERN RD City NEW SMYRNA BEACH FL Zip Code 32168-8971		
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 <u><i>Robert R Bullard</i></u> Robert Bullard DATE 4/26/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULLARD, ROBERT R. PO BOX 269 DAYTONA BEACH, FL 321150269	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	> Same PO BOX 291278 Port Orange FL 32129-1278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAUL, JAN PO BOX 566 DAYTONA BEACH, FL 321150566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	> Same PO BOX 291261 Port Orange FL 32129-1261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 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.					
SIGNATURE: <u><i>Robert R Bullard</i></u> Robert Bullard DATE 4/26/06 DAYTIME PHONE # 386 428 7361 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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