2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 489661

1. Entity Name
AHIMSA TECHNIC, INCORPORATED

Principal Place of Business	Mailing Address
440 WESTERN RD NEW SMYRNA BEACH, FL 32168 US	P O BOX 291278 PORT ORANGE, FL 32129 US

DO NOT WRITE IN THIS SPACE

04242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1655496	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULLARD, ROBERT R.
440 WESTERN RD
NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BULLARD, ROBERT R.
STREET ADDRESS	P O BOX 29278
CITY-ST-ZIP	PORT ORANGE, FL 32129

TITLE	ST
NAME	PAUL, JAN
STREET ADDRESS	P O BOX 291261
CITY-ST-ZIP	PORT ORANGE, FL 32129

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U00000733107
05/09/07-80075-003 150.00

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: _Robert R Bullard_   24 APR 2007   386 428 7361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #