


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 041 ***158.75

DOCUMENT # 620587	
1. Entity Name TECON INCORPORATED	

Principal Place of Business 2500 QUANTUM LAKES DR SUITE 203 BOYNTON BEACH, FL 33426 US	Mailing Address 2500 QUANTUM LAKES DR SUITE 203 BOYNTON BEACH, FL 33426 US
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2. Principal Place of Business - No P.O. Box # 11086 VIA SAVONA Suite, Apt. #, etc.	3. Mailing Address 11086 VIA SAVONA Suite, Apt. #, etc.
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City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33437	Zip 33437
Country USA	Country USA

40096160



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1912410	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ISRAEL, SHELDON B PRES. 11086 VIA SAVONA BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. *GBI*

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ISRAEL, SHELDON B PRES 11086 VIA SAVONA BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>[Signature]</i>	SHELDON B. ISRAEL, PRES	Date 4/30/07	Daytime Phone # (561) 734-7433
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