Mar 06, 2006 8:00 am 2006 FOR PROFIT CORPORATION Secretary of State ANNUAL REPORT DOCUMENT # F00000002913 03-06-2006 90034 025 ***150.00 **ELECTRONIC TECHNOLOGIES CORPORATION USA** Principal Place of Business Mailing Address P.O. BOX 1049 P.O. BOX 1049 DOVER PLAINS, NY 12522 DOVER PLAINS, NY 12522 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 CR2E034 (11/05) Chg-P City & State City & State Applied For 4. FEI Number 14-1747729 Not Applicable Zip Country Zip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition President TITLE TITLE Delete Change James Scott 20 Dolphin Ad Beistol , (T (MAGEE, WILLIAM D NAME NAME PO BOX 1049 43 MILL ST STREET ADORESS STREET ADDRESS CITY-ST-ZIP DOVER PLAINS, NY 12522 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME Maeke Roberts NAME STREET ADDRESS STREET ADDRESS III Congressional Blvd, Ste 200 Saemel, IN 46032 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Wetter Ceopley NAME NAME STREET ADDRESS STREET ADDRESS 43 mill St. Dover Pains CITY-ST-ZIP CITY-ST-ZIP Seeperaly Angel Shelton ☐ Change TITLE X Addition TITLE ☐ Delete NAME NAME tongressional Blud, Ste 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP aonel ☐ Change TITLE ☐ Delete TITLE TERCIS Addition Manish Gupta 20 Dolphin Bd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AssitTRAS. ☐ Defete TITLE Change XX Addition TITLE NAME NAME ion Pateizson 43 mills STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Dovee PLAINS 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED