# 2006 FOR PROFIT CORPORATION

# ANNUAL REPORT

#### DOCUMENT # F01000001479

ALGOMOD TECHNOLOGIES CORPORATION



Principal Place of Business

116 JOHN STREET, SUITE 1406 NEW YORK, NY 10038

Mailing Address

116 JOHN STREET, SUITE 1406 NEW YORK, NY 10038

**FILED** Jan 12, 2006 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

Applied For 4. FE) Number 11-2447843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, NANCI 5840 RED BUG LAKE ROAD **SUITE 365** WINTER SPRINGS, FL 32708

SIGNATURE:

### 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 NANC! CARIENTER Wanin Curpose 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 Ag					
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	
to. Name Street address Sity-St-Zip	OFFICERS AND DIRECT P OBEID, DIYA 116 JOHN STREET, SUITE 1406 NEW YORK, NY 10038	TORS			1/00000385022 01/17/06-80039-003 158.75
TITLE VAME STREET ADDRESS CITY-ST-ZIP	V LIU, GENE 10 FRANCIS COURT CHESHIRE, CT 06410				
IITLE Vame Street Address City-St-Zip	CFO OBEID, TANIA 116 JOHN STREET #1406 NEW YORK, NY 10038			DO	NOT WRITE
TITLE VAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE VAME STREET ADDRESS CITY-ST-ZIP					
ntle Name Street address Dity-St-Zip					·· · · · · · · · · · · · · · · · · · ·
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 by Sevecule 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 ampowered.					