2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Aug 10, 2004 8:00 am Secretary of State **DOCUMENT # F02000002319** 08-10-2004 90004 006 ***150.00 1. Entity Name 8E6 TECHNOLOGIES, INC. Principal Place of Business . Mailing Address 828 WEST TAFT AVENUE 828 WEST TAFT AVENUE ORANGE, CA 92865 ORANGE, CA 92865 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 33-0671352 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, CEOD ☐ Defete TITLE TITLE ☐ Change NAME SHIH, GEORGE 828 WEST TAFT AVENUE STREET ADDRESS STREET ADDRESS ORANGE, CA 92865 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition COOPER, LEON NAME NAME 5331 EAST OLYMPIC BLVD., #19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-LOS-ANGELES, CA-90022----CITY-ST-ZIP Delete TITLE Addition MCCOY, DAVID NAME NAME 828 WEST TAFT AVENUE STREET ADDRESS STREET ADDRESS ORANGE, CA 92865 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition WOOD, FRANK NAME NAME 312 WALNUT STREET, #3550 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP Delete TITLE TITLE Addition HEALY, BRUCE NAME 1440 JAMILE AVENUE STREET ADDRESS STREET ADDRESS ERLANGER KY 41018 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IITLE TITLE Myer, Paul MYERO, PAUL NAME NAME 828 W TAFT AVE STREET ADDRESS STREET ADDRESS ORANGE, CA 92865 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NIPO NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #