


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90241 001 ***150.00

DOCUMENT # F02000002319	
1. Entity Name 8E6 TECHNOLOGIES, INC.	

Principal Place of Business 828 WEST TAFT AVENUE ORANGE, CA 92865	Mailing Address 828 WEST TAFT AVENUE ORANGE, CA 92865
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bb016770



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-P CR2E034 (11/05)

4. FEI Number 33-0671352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006 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	CEOT SHIH, GEORGE 828 WEST TAFT AVENUE ORANGE, CA 92865 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, LEON 8545 E ROSECRANS PARAMOUNT, CA 90723 <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	D WOOD, FRANK 312 WALNUT STREET, #3550 CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEDING, WILLIAM 2515 MCKINNEY AVE #1350 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 Historic Lane Aubrey, TX 76227 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYER, PAUL 828 W TAFT AVE ORANGE, CA 92865 <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	CFO IT miller, Rodney 828 W. Taft ave. Orange, CA 92865 <input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE:  **4/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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66012779

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, LEON 8545 E ROSECRANS PARAMOUNT, CA 90723 <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	D WOOD, FRANK 312 WALNUT STREET, #3550 CINCINNATI, OH 45202 <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	D STEDING, WILLIAM 2515 MCKINNEY AVE #1350 DALLAS, TX 75201 <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	P MYER, PAUL 828 W TAFT AVE ORANGE, CA 92865 <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 checked="" type="checkbox"/> Addition D Tichenor, Mac 100 Crescent Court, # 700 Dallas, TX 75201

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.

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City & State		City & State			
Zip	Country	Zip	Country	04202006 Chg-P CR2E034 (11/05)	
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEOT	NAME SHIH, GEORGE		<input type="checkbox"/> Delete		
STREET ADDRESS 828 WEST TAFT AVENUE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORANGE, CA 92865					
TITLE S	NAME COOPER, LEON		<input type="checkbox"/> Delete		
STREET ADDRESS 8545 E ROSECRANS			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP PARAMOUNT, CA 90723					
TITLE D	NAME WOOD, FRANK		<input type="checkbox"/> Delete		
STREET ADDRESS 312 WALNUT STREET, #3550			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP CINCINNATI, OH 45202					
TITLE D	NAME STEDING, WILLIAM		<input type="checkbox"/> Delete		
STREET ADDRESS 2515 MCKINNEY AVE #1350			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP DALLAS, TX 75201					
TITLE P	NAME MYER, PAUL		<input type="checkbox"/> Delete		
STREET ADDRESS 828 W TAFT AVE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORANGE, CA 92865					
TITLE P	NAME Vora, Mahendra		<input type="checkbox"/> Delete		
STREET ADDRESS 7338 Charter Cup Lane			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP West Chester, OH 45069					
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<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66012780

