2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2005 8:00 am Secretary of State 05-19-2005 90047 032 ***150.00

DOCUMENT # F02000005088

1. Entity Name
BCI TECHNOLOGIES, INC.

SIGNATURE: _



Principal Place of Business Mailing Address										_		
625 N. GREA Arlington,		625 N. GREAT SOUTHWEST PKWY Arlington, TX 76011			50052919							
2. Principal P	lace of Busin	ness	3. Mailing Add	iress								
		SOUTHWEST P		N.S.R.	ĒAT SI	XITHWE	<u>'</u> ≸7 '''''''					
Suite, Apt.	#, etc.		Suite, Apt. 1	f, etc.	P	KWY	05102005	Chg-P	CR2E03	4 (10/03)		
City & State		IRTE, TX	-71 V 1	PRAIRIE, TX			4. FEI Numb 02-053	=:		No	plied For t Applicable	
±±505	5D	Country	75057)	Country		5. Certificate	of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
NRAI SERVICES, INC.						ame	1					
						Street Address (P.O. Box Number is Not Acceptable)						
					C	ity	FL Zip Code				э	
		ty submits this statement f stered agent.	or the purpose of o	changing it	s registered of	fice or registe	red agent, or bo	oth, in the State of F	londa. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed	d or printed name of registered agen	and title if applicable.	(NO	TE: Registered Age	nt signature require	d when rainstating)		DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.							.00 May Be ded to Fees	In accordance corporation did				
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS	/CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	
TITLE NAME	PTD BILLS CI	LINTON WAYNE		Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	625 N. GI	REAT SOUTHWEST P	KWY		STREET AD	DRESS 120 BR	2 DI GA	REAT SOU BAIRTE,	TX 75	T PKU	י צינ	
TITLE	vs	TIM 10 TI W. 1.4		Delete	TITLE					☐ Change	Addition	
NAME Street Address		TIMOTHY M REAT SOUTHWEST P	NAME STREET AD	ORESS / 3.43	DI DI BREAT SOUTHWEST PKWY. AND PRAIRIE, TX 75050							
CITY-ST-ZIP		ON, TX 76011			CITY-ST-Z	P SR	AND PR	AIRIE,T	X 750	20	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADI CITY-ST-Z	DRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				Delete	TITLE NAME STREET AD CITY-SI-Z					☐ Change	☐ Addition	
TITLE				Delete	TITLE					Change	☐ Addition	
NAME					NAME					- •		
STREET ADDRESS CITY-ST-ZIP					STREET ADI						ļ	
TITLE				Delete	TITLE					☐ Change	☐ Addition	
NAME			_	•	NAME.							
STREET ADDRESS CITY-ST-ZIP					STREET ADI	-						
12. I hereby of indicated of the corrections of the corrections.	certify that the on this reportion or the or attention or the or on an attention or on attention or attent	ne information supplied wit ort or supplemental report the receiver or trustee emp achment with an address.	h this filling does not strue and accurate owered to execute of the all other like to	ot qualify for e and that this repor			ection 119.07(3) same legal effe 7, Florida Statute	(i), Florida Statutes of as if made under es; and that my nan	. I further certit oath; that I an ne appears in	y that the in n an officer Block 10 or	nformation or director Block 11 if	