. 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F03000000861

1. Entity Name

ERGOTECH CONTROLS, INC.



Principal Place of Business

16415 ADDISON ROAD

SUITE 550 ADDISON, TX 75001 Mailing Address

INDUSTRIAL NETWORKING SOLUTIONS

P.O. BOX 540 ADDISON, TX 75001

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



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-2778067

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KUTCH, PAUL J 3051 EAGLE LAKE DRIVE

DO NOT WRITE

ORLANDO), FL 3283 <i>1</i>			IN '	THIS SPACE	· • • • • • • • • • • • • • • • • • • •
	named entity submits this statement for the plons of registered agent.	urpose of changing its registe	red office or r	egistered agent, or b	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title is	applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WORAM, STEPHEN P.O. BOX 540 ADDISON, TX 75001					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINLEY, MICHAEL P.O. BOX 540 ADDISON, TX 75001				U00000384195 01/17/06-80003-007 15	8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	· · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP						- ···· :: - · ···
TITLE			1			

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 accorate 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 flustee 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Michael Finley - 1/5/06 972-248-7466