2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 31, 2006 08:00 AN **DOCUMENT # F04000000068 Secretary of State** TECHNICON ENGINEERING, INC. Principal Place of Business Mailing Address 440 MARTIN LUTHER KING, JR. BLVD. 440 MARTIN LUTHER KING, JR. BLVD. MACON, GA 31201 MACON, GA 31201 CR2E034 (11/05) 01242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2271116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 E. PARK AVE. TALLAHASSEE, FL 32301 IN THIS SPACE 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE P CARLTON, ROBERT W PE NAME STREET ADDRESS 440 MARTIN LUTHER KING, JR. BLVD. CITY-ST-ZIP **MACON, GA 31201** TITLE NAME PEACOCK, RANDY B PE 000000407891 02/08/06-80040-001 150.00 STREET ADDRESS 440 MARTIN LUTHER KING, JR. BLVD. CITY-SY-ZIP MACON, GA 31201 TITLE NAME HARDIE, CLINTON T PE-440 MARTIN LUTHER KING, JR. BLVD. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MACON, GA 31201 IN THIS SPACE TITLE HARDIE, CLINTON T NAME 440 MARTIN LUTHER KING, JR. BLVD. STREET ADDRESS MACON, GA 31201 CITY-ST-7IP THIE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not ordally for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental poort 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 required provinged to exempte 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 othersities empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGI	J	ΔT	11	p	F٠

TITLE NAME STREET ADDRESS CITY-ST-ZIP

-January 24, 2006

478-743-8415

Daytime Phone #