## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 03, 2006 8:00 am Secretary of State 05-03-2006 90259 005 \*\*\*158.75 DOCUMENT # F04000002194 1. Entity Name ACEX TECHNOLOGIES, INC. 60035946 Principal Place of Business Mailing Address 1177 65TH STREET 1177 65TH STREET OAKLAND, CA 94608 OAKLAND, CA 94608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 94-2546432 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, GREG 341 VENICE AVE. W Street Address (P.O. Box Number is Not Acceptable) VENICE, FL 34285 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CP TITLE C/PIS Delete Change : ☐ Addition RAYMOND LOUIS LOUIS, RAYMOND NAME NAME 1177 65TH STREET STREET ADDRESS 1177 65TH STREET STREET ADDRESS City-St-ZIP OAKLAND, CA 94608 CITY-ST-7IP CAKLAND, CA 94608 T/D TITLE DST X Delete TITLE ☐ Change Addition KAM ANG NAME ANG, KIAT STREET ADDRESS 1177 65TH STREET 1177 USTH STREET STREET ADDRESS OAKLAND, CA 94608 CITY-ST-ZIP CITY-ST-ZIP OAKLAND, CA 94608 TITLE ☐ Delete TITLE ☐ Change Addition JAMES COX NAME CHIANG, WILLIAM NAME 1177 USTH STREET STREET ADDRESS 1177 65TH STREET STREET ADDRESS CITY-ST-ZIP OAKLAND, CA 94608 CITY-ST-ZIP OAKLAND, CA 941608 TITLE Delete TITLE Change Addition RONALD CRESWELL NAME NAME STREET ADDRESS STREET ADDRESS 1177 USTA STREET CITY-ST-ZIP CITY-ST-ZIP opkland, ca alloos TITLE ☐ Delete TITLE Change Addition MAHVASH ARMAND NAME NAME STREET ADDRESS 105 DECKER COURT #810 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE IRVING, TX 75062 THEF ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

RAYMOND LOUIS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED