2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # F05000000790 ---1. Entity Name 03-23-2006 90021 027 ***150.00 UNOTRON, INC. Principal Place of Business Mailing Address 64 LYONS PLACE WESTWOOD NJ 07675 64 LYONS PLACE WESTWOOD NJ 07675 2. Principal Place of Business 3. Mailing Address PO BOX 388 60 Bax 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 01-0826495 Not Applicable Berger Berger \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent -tennani CISNEROS, MĂŘĊ (P.O. Box Number is Not Acceptable) 9900 STIRLING RD SUITE 217 COOPER CITY FL 33024 8. The above named early, sugnits 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. TERMAIN SIGNATURE FILE WOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition PURCOCKS, DALE MCPHEE NAME NAME STREET ADDRESS ARDNORG, SHIRENEWTON STREET ADDRESS CITY-ST-ZIP WALES, UNITED KINGDOM CITY-ST-ZIP ☐ Delete ~ ☐ Change T ☐ Addition ASSIMMEN Hill Bood NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OTHTO IN SHEW Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachyrent with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Daytime Phone #