2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State
03-15-2006 90106 015 ***150.00

DOCUMENT # F94000005859

1. Entity Name

TECHINOMICS, INC.

Principal Place of Business	Mailing Address
7000 S.E. FEDERAL HIGHWAY SUITE 305 STUART FL 34997	7000 S.E. FEDERAL HIGHWAY SUITE 305 STUART FL 34997

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1382 Old Freeport Road	1382 Old Freeport Road
Suite, Apt. #, etc.: Suite 3AR	Suite, Apt. #, etc.: Suite 3AR
City & State: Pittsburgh PA	City & State: Pittsburgh PA
Zip: 15238 Country: USA	Zip: 15238 Country: USA

4. FEI Number 52-1593283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, CHRISTOPHER S 7000 S.E. FEDERAL HIGHWAY SUITE 305 STUART FL 34997	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MARTIN, CHRISTOPHER S 7000 S.E. FEDERAL HIGHWAY STUART FL 34997	☒ Delete	President, Secretary, Treasurer Christopher S. Martin 1382 old Freeport Road, Suite 3AR Pittsburgh, PA 15238	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALFEE, BRUCE 7000 S.E. FEDERAL HIGHWAY STUART FL 34997	☒ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 attachment with an address, with all other like empowered.

SIGNATURE: Christopher S. Martin Christopher S. Martin March 9, 2006 412-759-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #