2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State
05-02-2006 90210 046 ***150.00

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1. Entity Name
AUTHENTEC, INC.

Principal Place of Business	Mailing Address
709 S HARBOR CITY BLVD SUITE 400 MELBOURNE, FL 32901 US	PO BOX 2719 MELBOURNE, FL 32902-2719 US

66019906

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3521332 ☐ 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
MOODY, F. S 709 S HARBOR CITY BLVD STE 400 MELBOURNE, FL 32901	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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	PD MOODY, F. S 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kent Buchanan 1025 West Nasa Blvd melbourne, FL 32919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOS TEESDALE, GREG 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Grady 600 Montgomery St 39th FL San Francisco, CA 94111
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS NOWAK, CHRISTINE 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Katherine Recob 709 S Harbor City Blvd #400 melbourne, FL 32901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YU, BEN 2884 SAND HILL RD. STE 100 MENLO PARK, CA 94025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUGNALE, MATTHEW 660 SAND HILL CIRCLE MENLO PARK, CA 94025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOVEN, GUS 268 MAIN ST GLADSTONE, NJ 07934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 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: Katherine Recob Secretary 6/16/06 321-308-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #