

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006084 1. Entity Name UTEK CORPORATION	
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Principal Place of Business 202 SOUTH WHEELER STREET PLANT CITY, FL 33563	Mailing Address 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603677	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REIBER, SAM I 601 E TWIGG ST TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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.

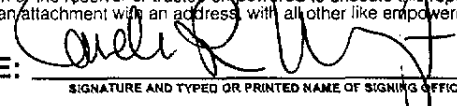
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO GROSS, CLIFFORD M PHD 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GYIMAH-BREMPONG, KWABENA PHD 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHAPNIK, ARTHUR 500 E 77TH ST #1826 NEW YORK, NY 10162
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WITTER, KEITH 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROOKS, STUART 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO WRIGHT, CAROLE 202 S WHEELER STREET PLANT CITY, FL 33563

U000000379706 -01/10/06-80033-014 150.00 DO NOT WRITE IN THIS SPACE
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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:  , Seco 1/7/06 813-754-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #