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

## Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # G50741 X-RAY ENGINEERING CORPORATION Principal Place of Business Mailing Address 2091 SAXON BLVD 2091 SAXON BLVD **DELTONA FL 32725-0240 DELTONA FL 32725-0240** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2305602 Not Applicat Ζiρ Country Zip Country \$B.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROTTY, KATHLEEN L ESQ. 1800 WESR INTERNATIONAL SPEEDWAY BLVD Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 City Zip Code 3. 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 it applicable (NOTE Registered Agent agriation regioned when remotating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E: After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State tg. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PVTS ☐ Delete THE ☐ Change E Adding IRONS, ROBERT G., JR. NAME HAME 000000406612 STREET ADDRESS 1824 SPRUCE CREEK BLVD. STREET ADDRESS 02/07/06-80095-806 150.00 CHY-ST-ZIP PORT ORANGE FL 32128 CITY-ST-ZIP Addition ☐ Delete HILE Change NAME STREET ADDRESS Street address CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete 7024 Change NAME STREET ADDRESS Strcet adoress CITY-ST-789 CITY-ST-ZIF TITLE Deserte SIBE Change ☐ Addition NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIE CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CHY-SI-ZP ☐ Change TITLE □ Detete tette ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 infirustee empowered totexecute 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:

1/19/06

386-789-6330

**FILED**