2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # H19895 04-17-2006 90344 043 ***150.00 NADEC, INC. Principal Place of Business Mailing Address NADEC INC 15984 W. ST. RD 84 SUNRISE FL 33326 15984 W ST RD 84 SUNRISE FL 33326 Mailing Address 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 59-2460257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registe 7. Name and Address of New Registered Agent KHAN, NADEËR 15984 W ST RID 84 HO96 SW 132nd Ave. SUNRISE FL 23326 Davic, FL 33330 Street Address (P.O. Box Number is Not Acceptable) 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: typed or printed name of requstered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PST ☐ Delete TITLE Change Addition NAME KHAN, NADEER NAME an Nadeec STRFET ADDRESS STREET ADDRESS 15984 W ST RD 84 CITY-ST-ZIP CITY-ST-7IP SUNRISE FL VD ☐ Delete BILE ☐ Change Addition TITLE Khan, Neisha NAME KHAN, NEISHA NAME 4096 SW 132 dave 15984 ST RD 84 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP THILE Delete Change ☐ Addition NAME FERNANDEZ, OSCAR STREET ADDRESS STREET ADDRESS 15984 W ST RD 84 CITY-ST-7IP CITY-ST-ZIP SUNRISE FL Delete Addition TIFLE Change TITLE MONTAS, ROBERT NAME NAME 15984 W ST RD 84 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change TITLE Addition 1171 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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

FILED