2006 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 07, 2006 8:00 am Secretary of State	
DOCUMENT # L03000015382 1. Entity Name NCT TECHNOLOGIES, L.L.C.					y of State 212 043 ****50.00
Principal Place of Business Mailing Address 811 EAST MAIN STREET P.O. BOX 1076 ŁAKELAND, FL 33801 LAKELAND, FL 33802					
C	OO NOT WRITE	IN THIS SPAC	CE	1 1122006 No Chg-LLC 4. FEI Number 01-0780482 5. Certificate of Status Desired	CR2E083 (11/05)
6. Name and Address of Current Registered Agent TOUCHTON, DAVID M 811 EAST MAIN STREET LAKELAND, FL 33801				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. 1 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 reinstaing) DATE Filling Fee is \$50.00 Due by May 1, 2006					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGR BARTON, JAMES W III 811 EAST MAIN STREET LAKELAND, FL 33801	RS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WI IN THIS SP/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATU					