

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90016 038 ****55.00

DOCUMENT # 100000000218

1. Entity Name

NEXTTEC INTERNATIONAL, INC.



Principal Place of Business

9000 WEST SHERIDAN STREET, SUITE 140
PEMBROKE PINES FL 33024

Mailing Address

9000 WEST SHERIDAN STREET, SUITE 140
PEMBROKE PINES FL 33024



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

22-3270400

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAPLUK, MICHAEL
4055 SANDERLING LANE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

WILLIAM T. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

7301 SHELL RIDGE TERR

City

LAKE WORTH

FL

Zip Code

33467

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE PSTD ☐ Delete
NAME ANDERSON, WILLIAM
STREET ADDRESS 7301 SHELL RIDGE TERRACE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DV ☒ Delete
NAME DRAPLUK, MICHAEL
STREET ADDRESS 4055 SANDERLING LANE
CITY-ST-ZIP WESTON FL 33

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 119, Florida Statutes. I further 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/22/06 954-441-3114

Date

Daytime Phone #