2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # M05384 Apr 28, 2006 08:00 AN 1. Entity Name Secretary of State HIGH TECH CORPORATION Principal Place of Business Mailing Address **4801 BUCHANAN STREET 4801 BUCHANAN STREET** HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2504083 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCALZI, SAVERIO Street Address (P.O. Box Number is Not Acceptable) 4801 BÚCHANAN ST. HOLLYWOOD FL 33021 City 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 it applicable (NOTE Registered Agent signature required when reinstaling) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete THE ☐ Change ☐ Addition SCALZI, SAVERIO MARAF STREET ADDRESS STREET ADDRESS 4801 BUCHANAN STREET City-St-782 CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE DA U00000545369 SCALZI, SONIA NAME NAME 05/11/06-80073-013 150.00 STREET ADDRESS STREET ADDRESS 4801 BUCHANAN STREET HOLLYWOOD FL CITY-ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change Addition عناات NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete ☐ Change ☐ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 it 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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: