## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90356 027 \*\*\*158.75 DOCUMENT # M94234 1. Entity Name FLORIDA GEODYNAMICS, INC. գկկնոր∗֊ Principal'Place of Business Mailing Address 1752 NW MADRID WAY (33432) 1752 NW MADRID WAY (33432) BOCA RATON, FL 33427 P.O. BOX 2247 BOCA RATON, FL 33427 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0065822 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\mathbf{M}$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANSEN, MARY 3719 MYKONOS COURT Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33487 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. MARY HANSEN, PRESIDENT 02/01/2006 rinted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE SECRETARY/TREASURER ☐ Change **X**Addition NAME HANSEN, MARY NAME BRIDGET STRASZHEIM STREET ADDRESS 3719 MYKONOS COURT STREET ADDRESS 3901 NW 9TH AVE, APT CITY-ST-ZIP BOCA RATON, FL 33487 CITY-SI-ZIP LIGHTHOUSE POINT FL TITLE VP ☐ Delete TITLE ☐ Addition NAME HANSEN, NEIL C. NAME STREET ADDRESS 448 SLO SAN SIMEON ROAD STREET ADDRESS CITY-ST-ZIP SAN SIMEON, CA 93452 CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 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.

NAME

TITLE

NAME

STREET ADDRESS

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NAME

SIGNATURE: 🏏		y Handy	MARY	HANSEN	02/01/2006	(561)	391 4717	
•	SIGNATURE	AND TYPED OR PRINTED NAME OF SIGNING	NING OFFICER OR DIRECTOR		Date		Daytene Phone #	