


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90028 029 \*\*\*\*61.25

<b>DOCUMENT # N01000007131</b>	
1. Entity Name <b>REBIRTH TECHNOLOGIES, INC.</b>	

Principal Place of Business <b>1712 BRESEE ROAD WEST PALM BEACH, FL 33415 US</b>	Mailing Address <b>1712 BRESEE ROAD WEST PALM BEACH, FL 33415 US</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 22078</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>West Palm Beach</b>
City & State	City & State <b>FL 33416</b>
Zip	Country <b>USA</b>



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-1141738</b>	Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>								
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> <b>KILBY, TIM</b>  <b>1712 BRESEE ROAD</b>  <b>WEST PALM BEACH, FL 33415</b> </td> <td colspan="2"> Name  Street Address (P.O. Box Number is Not Acceptable)  City  <b>FL</b> Zip Code </td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>KILBY, TIM</b> <b>1712 BRESEE ROAD</b> <b>WEST PALM BEACH, FL 33415</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent							
<b>KILBY, TIM</b> <b>1712 BRESEE ROAD</b> <b>WEST PALM BEACH, FL 33415</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KILBY, TIM 1712 BRESEE ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JASON COOPER, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3200 KANAWHA Turnpike, Bldg 701 South Charleston, WV 25303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADSON, GEORGE <input checked="" type="checkbox"/> Delete 8834 NW 75TH COURT TAMRAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl Cunningham, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2798 Waverly Road Indiana, PA 15701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BBURROW, WAYNE <input type="checkbox"/> Delete 1412 S DIAMOND STREET JACKSONVILLE, IL 62650	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hanisha S. D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 136 S-Hig-D/9, Jalandharka Bargalore, India 560064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Belvin Brown, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 229 SW 21st Way Fort Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 617, 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.

**SIGNATURE:** Tim Kilby Tim Kilby 01/16/2006 561 304 0902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #