


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 002 ****61.25

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DOCUMENT # N02000004938		
1. Entity Name TEKNA-THEOS, INC.		

Principal Place of Business 1324 KINGSLEY AVENUE ORANGE PARK, FL 32073	Mailing Address 1324 KINGSLEY AVENUE ORANGE PARK, FL 32073
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04092006 Chg-NP CR2E037 (11/05)

4. FEI Number 33-1010356	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARDEE, GREY 2626 LOOPRIDGE DRIVE ORANGE PARK, FL 32065		Name <u>GREG HARDEE</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>1855 SEA PINES LANE</u>	
		City <u>ORANGE PARK</u> <u>FL</u>	Zip Code <u>32003</u>

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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, KEVIN L 2157 ALOE MANOR MIDDLEBURG, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <u>KEVIN SIMMONS</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>350 Crossing Blvd #1202</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, EUGENE 2822 WINDEMERE COURT MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <u>WILLIAMS, EUGENE</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3900 OLDFIELD CROSSING DR APT 510</u> <u>JACKSONVILLE, FL 32223</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIATT, CLAIRE 3367 INLET LANE ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>MARTIN, AMANDA</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>9944 Haley Rd</u> <u>JACKSONVILLE, FL 32257</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, ADAM 176 WALLER WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>VASWANI, HARRY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>2423 DOGWOOD LANE</u> <u>ORANGE PARK, FL 32073</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>WERNISCH, ANDREW</u> <input checked="" type="checkbox"/> Delete <u>2703 TINA LANE</u> <u>MIDDLEBURG, FL 32068</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>YEAKEL, KELSI</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>3543 Tattersall Dr</u> <u>Green Cove Springs FL 32043</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASWANI, KERMINA 5496 WEAVER ROAD ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>VASWANI, KERMINA</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2423 DOGWOOD LANE</u> <u>ORANGE PARK, FL 32073</u>

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: Kevin Simmons 29 April 2006 904-626-3512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #