2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2007 8:00 am Secretary of State DOCUMENT # P00000105454 02-26-2007 90058 023 ***150.00 ANTHEUS TECHNOLOGY, INC. Principal Place of Business Malling Address 40023854 22241 LARKSPUR TRAIL 22241 LARKSPUR TRAIL BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 CR2E034 (12/06) Chg-P City & State City & State 4. FE! Number Applied For 65-1056910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRIO, ARTURO F Street Address (P.O. Box Number is Not Acceptable) 22241 LARKSPUR TRAIL BOCA RATON, FL 33432 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Addition TITLE Delete TITLE TAZZA, MAURIZIO NAME NAME STREET ADDRESS 22241 LARKSPUR TRAIL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP Delete TITLE Change Addition TITLE MATOS ALVARO 22241 LARKSPUR TRAIL NAME NATOS, ALVAROC 22241 LARKSPUR TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP BOCA RATON, FL 33433 PCST Change TITLE ☐ Delete TITLE ☐ Addition BARRIO, ARTURO F NAME NAME STREET ADDRESS 22241 LARKSPUR TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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

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12. I hereby 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. ALTURO FERNANDER BARRIO 21-Feb-07