2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2005 08:00 AM DOCUMENT # P01000033439-**Secretary of State** 1. Entity Name NEEDTECHS.COM INCORPORATED Mailing Address Principal Place of Business 102 VAN GOGH WAY 102 VAN GOGH WAY ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1087139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLICKSILVER, RONALD L DO NOT WRITE 102 VAN GOGH WAY 580 IN THIS SPACE ROYAL PALM BEACH, FL 33411 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BLICKSILVER, RONALD L NAME STREET ADDRESS 102 VAN GOEN WAY Unnnnn233**6**30 CITY-ST-ZIP ROYAL PALM BCH, FL 33411 02/17/05-80046-010 150.00 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

IGNATURE AND TYPED OR REMITED NAME OF SIGNING OFFICER OR DIRECTOR

5517122273

FILED