2006 FOR PROFIT CORPORATION ANNUAL REPORT

Yash Pal Kakkar, Sedrètary

SIGNATURE AND TYPED OR PRINTED NAME OF SI

SIGNATURE:

FILED DOCUMENT # P01000037620 2006 MAR 23 AM 8: 49 1. Entity Name ETECH, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal-Rlace of Business Mailing: Address (4243-BNØRTHLAKEBLVD. 4243-BNØRTHLAKEBLVD. PALMBEACH, FL33410 PALMBEACH,FL33410 Principal Place of Business 243-D North | al Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For 65-1109385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAROT, DILIP 4243 NORTHLAKE BLVD., STE. D Street Address (P.O. Box Number is Not Acceptable) PALM BEACH, FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in 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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Change 🔲 Addition BAROŢ, DILIP NAME NAME 3-D Northlake Blud. 4243-B NORTHLAKE BLVD. STREET ADDRESS STREET ADDRESS each Gardens, FL 33410 CITY-ST-ZIP PALM BEACH FL 33410 CITY - ST- ZIP TITLE S ☐ Delete TITLE ☐ Addition KAKKAR, YASH PAL -D Northlake Blud. each Gardens, FL NAME NAME STREET ADDRESS 4243-9 NORTHLAKE BLVD. STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33410 CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 400069632494 04/06/06--01041--004 **158.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change TITLE 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 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 seport 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 enjoywered.

(561) 627-7988

Daytime Phone #

3/22/06

Date