FILED

2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000077982 DOCUMENT # 04-28-2003 91502 042 ***150.00 1. Entity Name NANOTECH INC. Principal Place of Business Mailing Address 13257 TANGERINE BLVD 13257 TANGERINE BLVD WEST PALM BEACH FL 34102 WEST PALM BEACH FL 34102 2. Principal Place of Business 3. Mailing Address 11300 U.S. HIGHWAY ONE 11300 US HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES **出400** #400 City & State City & State 4. FEI Number Applied For 65-1139853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. REYNOLDS, JOHN & Street Address (P.O. Box Number is Not Acceptable) 11300 US HWY ONE NORTH PALM BEACH FL 33408 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete REYNOLDS, JOHN D NAME NAME 11300 US HWY ONE STE 400 STREET ADDRES STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-7IP TD ☐ Delete TITLE TITLE CHASE, JEAN A NAME NAME STREET ADDRESS 18257 TANGERINE BLVD STREET ADDRESS 134 12335 76th ROAD DO. WEST_PALM_BEACH FL_33412 CITY-ST-ZIP WEST PALM BEACH, FC 33412 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: (

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #