2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2006 08:00 Al **DOCUMENT # P02000005293 Secretary of State** 1. Entity Name TECHLOGIC, INC. Mailing Address Principal Place of Business | U00000476274 | 06/06-80002-019 | 150.00 4307 VINELAND RD. 4307 VINELAND RD. SUITE H-14 SUITE H-14 ORLANDO, FL 32811 ORLANDO, FL 32811 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0571916 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RICKETTS, AMY L DO NOT WRITE 4307 VINELAND RD. SUITE H-14 IN THIS SPACE ORLANDO, FL 32811 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE OLIVA, JOAQUIN E NAME 4307 VINELAND RD., SUITE H-14 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 TITLE RACA, BRAD M NAME 4307 VINELAND RD., SUITE H-14 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 TITLE NAME RICKETTS, JOHN G 4307 VINELAND RD., SUITE H-14 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32811 IN THIS SPACE TITLE NAME RICKETTS, AMY L 4307 VINELAND RD., SUITE H-14 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 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 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.

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CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Daytime Phone #

FILED