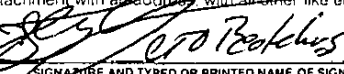


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 015 ***150.00

DOCUMENT # P02000006649 1. Entity Name NEOTECH US, INC.						
Principal Place of Business 2235 FIRST ST # 221 FORT MYERS, FL 33901			Mailing Address 2235 FIRST ST # 221 FORT MYERS, FL 33901			
2. Principal Place of Business		3. Mailing Address 2401 First St				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 300				
City & State 		City & State Ft Myers FL				
Zip 		Zip 33901		Country LEE		
6. Name and Address of Current Registered Agent WARD, STEPHEN G 2235 FIRST ST #221 FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Stephen G Ward Street Address (P.O. Box Number, if Not Applicable) 2401 First St Suite 300 City Ft Myers FL 33901		
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 reconstituting)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, STEPHEN G 2235 FIRST ST STE 221 FORT MYERS, FL 33901		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2401 First St Ste 300 Ft Myers, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 approval with all other like empowered.						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						