2007 FOR PROFIT CORPORATION

SIGNATURE:

Jan 22, 2007 8:00 am **Secretary of State** ANNUAL REPORT 01-22-2007 90090 029 ***158.75 DOCUMENT # P02000127358 FCT TECHNOLOGIES, CORP. 40003000 Principal Place of Business Mailing Address 10491 SW 88 ST 10491 SW 88 ST F202 F202 MIAMI, FL 33176 MIAMI, FL 33176 Principal Place of Business - No P.O. Box # 136 AVE SW 136 AVE 01092007 CR2E034 (12/06) 4. FEI Number Applied For MIBIO 14-1869288 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TARACIDO, NELSON ESQ ⇒ (I° ⊆ Box Number is Not Acceptable). Stree, A 5825 SUNSET DR SUITE 210 SOUTH MIAMI, FL 33143 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office and the statement for the purpose of changing its registered office and the statement of the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and tale if applicable. 9. Election Campaign Financing \$5.90 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PT Delete TITLE Chance Addition ISHOOF. ASAD NAME NAME 11450 SW 60TH AVE STREET ADDR: .. STREET ADORESS MIAMI, FÉ 33156 CITY-ST-ZIP CITY-ST-ZP vs Delete TITLE Addition TIT) F ISHOOF, SAIF NAME NAME 11450 SW 60TH AVE STREET AUDHOSIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33156 TITLE Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z'= Defete TITLE Change Addition TITLE NAME NAM: STREET ARROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-72 Delete TITLE Addition TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP this filling does not qualify for the exemption: A cone of Chapter 119. Florida Statutes. I further certify that the information this true and accurate and that my signature shall be on he same legal effect as if made under oath; that I am an officer or director fipowered to execute this report as required by Charlet 677, Florida Statutes, and that my name appears in Block 10 or Block 11 if as, with all other like empowered. I hereby certify that the information indicated on this report or supple of the corporation or the receiver changed, or on an attachment w 305. 259-4116

FILED