

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000025769

1. Entity Name
CONNECTYX TECHNOLOGIES CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 PM 1:20

Principal Place of Business
3593 SW CORPORATE PARKWAY
PALM CITY, FL 34990

Mailing Address
3593 SW CORPORATE PARKWAY
PALM CITY, FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08252006

Chg-P

CR2E034 (11/05)

4. FEI Number

66-8012767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 resigning)

DATE

Amended AR is \$61.25

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
D TROWBRIDGE, WARREN K
STREET ADDRESS
2421 SE BAHIA WAY
CITY-ST-ZIP
STUART, FL 34996 ☒ Delete

TITLE
NAME
PC SCHUMAN, RONN
STREET ADDRESS
2271 SW WATERVIEW PLACE
CITY-ST-ZIP
PALM CITY, FL 34990 ☐ Delete

TITLE
NAME
D MARTIN, SAM A
STREET ADDRESS
2100 SW PANTHER TRACE
CITY-ST-ZIP
STUART, FL 34997 ☐ Delete

TITLE
NAME
VTS PEVZNER, JON
STREET ADDRESS
2526 SW DAWN STREET
CITY-ST-ZIP
PORT SAINT LUCIE, FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400079281594
08/30/06--01052--012 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/25/06 772 600
2580