2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 22, 2007 08:00 A Secretary of State **DOCUMENT # P03000034714** 1. Entity Name NEEDHAM CAPITAL PARTNERS, INC. Principal Place of Business Mailing Address 21 TAM O SHANTER LANE 21 TAM O SHANTER LANE **BOCA RATON, FL 33431 BOCA RATON, FL 33431** 05162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0349835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUCERI, FRANK ESQ. DO NOT WRITE 7777 GLADES ROAD SUITE 210 IN THIS SPACE BOCA RATON, FL 33434 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE D. P NAME NEEDHAM, WILLAIM STREET ADDRESS 21 TAM O SHANTER LANE 000000764604 05/31/07-80002-017 150.00 BOCA RATON, FL 33431 CITY-ST-ZIP TITLE NUA STREET ADDRESS CITY-ST-ZP TITLE MALLE STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TITLE IN THIS SPACE NUM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Willia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOIG OFFICER OR DIRECTOR

WILLIAM NECOHAM

FILED