

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90065 037 \*\*\*150.00

|  |                                       |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
|--|---------------------------------------|---|--------------------|---------------------------------|------|----------------|--|----------------|--------------------------------|--|-------------|-------------------------|--|---|--|-------|---------------|--|------|--|--|----------------|------------------------|--|-------------|------------------------|--|
| <b>DOCUMENT # P03000126417</b><br>1. Entity Name<br>TECHCONSULTANTS, INC.  |                                       |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| Principal Place of Business<br>3210 NORTHEAST 5TH STREET<br>#401<br>POMPANO BEACH, FL 33062  |                                       | Mailing Address<br>3210 NORTHEAST 5TH STREET<br>#401<br>POMPANO BEACH, FL 33062   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| 2. Principal Place of Business - No P.O. Box #<br><u>11444 SW ROCKINGHAM DR</u><br>Suite, Apt. #, etc.   |                                       | 3. Mailing Address<br><u>11444 ROCKINGHAM DR</u><br>Suite, Apt. #, etc.   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| City & State<br><u>PORT ST. LUCIE FL</u>   |                                       | City & State<br><u>PORT ST. LUCIE FL</u>  |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| Zip<br><u>34987</u>  | Country <u>USA</u><br><u>ST LUCIE</u> | Zip<br><u>34987</u>   | Country <u>USA</u> |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| 4. FEI Number<br>57-1194807  |                                       | Applied For<br><input type="checkbox"/> Not Applicable  |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                       | \$8.75 Additional Fee Required  |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| 6. Name and Address of Current Registered Agent<br><br>NOCAR, KENNETH<br>3210 NORTHEAST 5TH STREET<br>#401<br>POMPANO BEACH, FL 33062  |                                       | 7. Name and Address of New Registered Agent<br>Name <u>NOCAR KENNETH</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>11444 SW ROCKINGHAM DR</u><br>City <u>PORT ST. LUCIE</u> <u>FL</u> Zip Code <u>34987</u> |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| 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.<br>SIGNATURE <u>Kenneth Nocar</u> <u>Pres.</u> <span style="float: right;">02-10-07</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                       |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NOCAR, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3210 NORTHEAST 5TH STREET #401</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH, FL 33062</td> <td></td> </tr> </table>   |                                       | TITLE   | D                  | <input type="checkbox"/> Delete | NAME | NOCAR, KENNETH |  | STREET ADDRESS | 3210 NORTHEAST 5TH STREET #401 |  | CITY-ST-ZIP | POMPANO BEACH, FL 33062 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NOCAR KENNETH</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11444 SW ROCKINGHAM DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST LUCIE FL 34987</td> <td></td> </tr> </table> |  | TITLE | NOCAR KENNETH | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS | 11444 SW ROCKINGHAM DR |  | CITY-ST-ZIP | PORT ST LUCIE FL 34987 |  |
| TITLE  | D                                     | <input type="checkbox"/> Delete   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| NAME   | NOCAR, KENNETH                        |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| STREET ADDRESS   | 3210 NORTHEAST 5TH STREET #401        |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| CITY-ST-ZIP  | POMPANO BEACH, FL 33062               |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| TITLE  | NOCAR KENNETH                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| NAME   |                                       |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| STREET ADDRESS   | 11444 SW ROCKINGHAM DR                |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
| CITY-ST-ZIP  | PORT ST LUCIE FL 34987                |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
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| CITY-ST-ZIP  |                                       |   |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |
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| 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: <u>Kenneth Nocar</u> <u>Pres.</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                       | Date <u>02-11-07</u> Daytime Phone # <u>772-345-1479</u>  |                    |                                 |      |                |  |                |                                |  |             |                         |  |   |  |       |               |  |      |  |  |                |                        |  |             |                        |  |