2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P03000148616 1. Entity Name 04-24-2006 90376 019 ***150.00 TECHSIGMA INC. Mailing Address Principal Place of Business 5881 NW 151 ST 5881 NW 151 ST STF 105 STE 105 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0571214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARULANDA, OCTAVIO Street Address (P.O. Box Number is Not Acceptable) 415 S 61 AVE HOLLYWOOD, FL 33023 City Zio 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. Pasichet iU SIGNATURE. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ■ Addition TITLE ☐ Delete MARULANDA, OCTAVIO NAME NAME 3710 Inversey Dove Ad SZI STREET ADDRESS 415 S 61 AVE STREET ADDRESS Laudarhill, FL 33319 CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition MARULANDA, JAIME NAME 18840 NW STAR APT 102 STREET ADDRESS 6210 FLETCHER STREET STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition THILE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 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.