## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SCHATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

SIGNATURE:

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000002979** 1. Entity Name 05-02-2005 90467 045 \*\*\*150.00 ALTAIR TECHNOLOGIES INC. Principal Place of Business Mailing Address CORNELL ROAD 247 CORNELL ROAD 247 VENICE, FL 34293 VENICE, FL 34293 3. Mailing Address 247 COR NEL 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt # etc. 04142005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ENICE Not Applicable Zip Country \$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 **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change Addition HERMAN, STEVE NAME NAME STREET ADDRESS **CORNELL ROAD 247** STREET ADDRESS CITY-ST-7IP VENICE, FL 34293 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CERNI, NICOLO NAME MBE 208 VIA CROCEFISSA DI ROSA 17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 125125 BRESCIA, ITALY, CITY-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-722 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition RTEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**FILED**