2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 16, 2006 8:00 am Secretary of State DOCUMENT # P04000051395 05-16-2006 90023 048 ***150.00 **BUZZ TECHNOLOGIES CORPORATION** Mailing Address Principal Place of Business 7039 STATE ROAD 52 3912 EAST EDEN ROC CIR TAMPA, FL 33634 HUDSON, FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 20-0904548 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDBERG, ILYA B Street Address (P.O. Box Number is Not Acceptable) 3912 EAST EDEN ROC CIR TAMPA, FL 33634 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE GOLDBERG, ILYA B NAME NAME STREET ADDRESS 3912 EAST EDEN ROC CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33634 VΡ Delete TITLE TITLE Change ☐ Addition GOLDBERG, THALIA K NAME NAME 3912 EAST EDEN ROC CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL. 33634 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP

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 received 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.

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