2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P04000064166

Entity Name: HYDROCOM TECHNOLOGIES, INC.

Current Principal Place of Business:

5312 MCINTOSH POINT
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

300 CYPRESS LANDING DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-1224237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALMOND, CHARLES S
Address: 5350 MCINTOSH POINT
City-St-Zip: SANFORD, FL 32773

Title: VD ( ) Delete
Name: ALMOND, CHARLES S II
Address: 5350 MCINTOSH POINT
City-St-Zip: SANFORD, FL 32773

Title: STD ( ) Delete
Name: ALMOND, PAMELA D
Address: 5350 MCINTOSH POINT
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALMOND, CHARLES S
Address: 5312 MCINTOSH POINT
City-St-Zip: SANFORD, FL 32773

Title: VD (X) Change ( ) Addition
Name: ALMOND, CHARLES S II
Address: 5312 MCINTOSH POINT
City-St-Zip: SANFORD, FL 32773

Title: STD (X) Change ( ) Addition
Name: ALMOND, PAMELA D
Address: 5312 MCINTOSH POINT
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES S. ALMOND PRES 04/29/2007

Electronic Signature of Signing Officer or Director — Date