2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065628

Entity Name: NEW TECHNOLOGICAL REFLECTION CORP.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9411 LIVE OAK PLACE NO. 101 DAVIE, FL 33324 **Current Mailing Address: New Mailing Address:** 9411 LIVE OAK PLACE NO. 101 DAVIE, FL 33324 FEI Number: 20-1960983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALENCIA, LUZ ALBA 9411 LIVE OAK PLACE NO. 101 DAVIE, FL 33324 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JIMENEZ, WILLIAM Name: Name: 9411 LIVE OAK PLACE NO. 101 Address: Address: City-St-Zip: **DAVIE, FL 33324** City-St-Zip: Title: VD Title: () Delete (X) Change () Addition MAZUERA, DIANA Name: Name: MAZUERA, DIANNA E 9411 LIVE OAK PL 9411 LIVE OAK PL Address: Address: DAVIE, FL 33324 DAVIE, FL 33324 City-St-Zip: City-St-Zip: Title: Title: PSTD () Delete () Change () Addition VALENCIA, LUZ ALBA Name: Name: 9411 LIVE OAK PL Address: Address: City-St-Zip: **DAVIE, FL 33324** City-St-Zip: Title: OD () Delete Title: () Change () Addition VALENCIA, JOHANA Name: Name: Address: 9411 LIVE OAK PL Address: City-St-Zip: **DAVIE, FL 33324** City-St-Zip: Title: OD Title: () Delete () Change () Addition VALENCIA, LUCILA Name: Name: 9411 LIVE OAK PL Address: Address: City-St-Zip: DAVIE, FL 33324 City-St-Zip: Title: OD () Delete Title: () Change () Addition VALENCIA, INES Name: Name: 9411 LIVE OAK PL Address: Address: City-St-Zip: City-St-Zip: **DAVIE. FL 33324**

I hereby certify that the information supplied with this filing does not qualify for the 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.

	Electronic Circulation of Circulation Office and Director		D-+-
SIGNATURE:	DIANNA E. MAZUERA	VD	04/28/2006