2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # P04000070332 05-01-2006 90373 022 ***150.00 NEULUX DISTRIBUTION, INC. Principal Place of Business Mailing Address quu · · · 2600 DOUGLAS ROAD 2600 DOUGLAS ROAD SUITE 408 SUITE 408 MIAMI, FL 33134 MIAMI, FL 33134 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 20-1216375 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATTERSON, JOHN H JR. PATTERSON, JOHN H JR Street Address (P.O. Box Number is Not Acceptable) 800 DOUGLAS ROAD COURTHOUSE TOWER, SUITE 2000 44 WEST FLAGLER STREET MIAMI, FL 33130 SUITE 105 MIAMI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DELACROIX, PIERC NAME NAME 2600 DOUGLAS ROAD, STE 408 STREET ADDRESS STREET ADDRESS MIAMI, FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-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 eath; 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. Anten 26 Th Shinz HUSI DOW T

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