## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Mucha

## Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # P04000079448 1. Entity Name 02-20-2006 90041 006 \*\*\*150.00 UPTEC INC. Principal Place of Business Mailing Address 9087 FALLSMILL DRIVE 9087 FALLSMILL DRIVE JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address 9526 Argyle Forest Blud. 2839 Harvest Woon Dr. Suite, Apt. #, etc. -- 1st MOORE- -- CR2E034 (10/05) City & State 4. FEI Number City & State Applied For Tactsonulle, FC 32-0117477 Orange Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 32073 ZZZZ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURAWSKY, MICHAEL W Street Address (P.O. Box Number is Not Acceptable 9087 FALLSMILL DRIVE JACKSONVILLE FL 32244 Harvest MOON City Orange Hark 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. Muchael - 8-06 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be \* After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS CEOP TITLE ☐ Delete TITLE TY Change ☐ Addition Murawsky, Michael W NAME NAME MURAWSKY, MICHAEL W 2839 Harvest MOON Ar. STREET ADDRESS 9087 FALLSMILL DRIVE STREET ADDRESS Orange-Park, FL -32073 CITY-ST-ZIP JACKSONVILLE FL 32244 CITY-ST-7/P Change TITLE \$T ☐ Defete TITLE ☐ Addition Murawsky, Tennifer L NAME NAME MURAWSKY, JENNIFER L 2839 Harvest MOON Dr. STREET ADDRESS STREET ADDRESS 9087 FALLSMILL DRIVE Orange Park, FL 32073 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Detete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

esident Michael W Murawsky

FILED