

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90037 050 ***150.00

DOCUMENT # P04000089936			
1. Entity Name PARKTEC MANAGEMENT CORP.			
Principal Place of Business 100 TECHNOLOGY PARK SUITE 160 LAKE MARY, FL 32746 US		Mailing Address 100 TECHNOLOGY PARK SUITE 160 LAKE MARY, FL 32746 US	
2. Principal Place of Business <i>109 Central Park Place</i> Suite, Apt. #, etc.		3. Mailing Address <i>109 Central Park Place</i> Suite, Apt. #, etc.	
City & State <i>Sanford, FL</i>		City & State <i>Sanford, FL</i>	
Zip <i>32771</i>	Country <i>USA</i>	Zip <i>32771</i>	Country <i>USA</i>
4. FEI Number 20-1277944		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOSS, REGAN B 100 TECHNOLOGY PARK SUITE 160 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name: <i>Bloss, Regan B.</i> Street Address (P.O. Box Number is Not Acceptable): <i>109 Central Park Place</i> City: <i>Sanford</i> FL Zip Code: <i>32771</i>	
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Regan Bloss, President</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BLOSS, REGAN B 100 TECHNOLOGY PARK, SUITE 160 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Bloss, Regan B. 109 Central Park Place Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Regan Bloss, President</i> 1/27/06 321-257-2000 <small>Date Daytime Phone #</small>	