2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# P05000026694

Entity Name: CELLMINDER, INC.

Current Principal Place of Business:

3293 BEAZER DRIVE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

3293 BEAZER DRIVE
OCOEE, FL 34761

New Mailing Address:

PO BOX 290339
PORT ORANGE, FL 32129

FEI Number: 03-0555569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRAY/ROBINSON, P.A.
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: SZASZ, GARY
Address: 3293 BEAZER DRIVE
City-St-Zip: OCOEE, FL 34761

Title: VTD ( ) Delete
Name: FOSTER, MARTIN
Address: 3293 BEAZER DRIVE
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete
Name: SZASZ, KAREN
Address: 3293 BEAZER DRIVE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CM (X) Change ( ) Addition
Name: SZASZ, GARY
Address: 3293 BEAZER DRIVE
City-St-Zip: OCOEE, FL 34761

Title: CEO (X) Change ( ) Addition
Name: SCHICKLER, STEVE
Address: 4010 78TH WAY SE
City-St-Zip: MERCER ISLAND, WA 98040

Title: CFO (X) Change ( ) Addition
Name: DE BONIS, PAUL S
Address: 822 HIGHPOINT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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.

SIGNATURE: PAUL DE BONIS CFO 02/28/2006

Electronic Signature of Signing Officer or Director — Date