



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90386 021 ***150.00

DOCUMENT # P05000059670 1. Entity Name DISC MOTION TECHNOLOGIES, INC.					
Principal Place of Business 2 SOUTH ORANGE AVE., 5TH FLOOR ORLANDO, FL 32801				Mailing Address 2 SOUTH ORANGE AVE., 5TH FLOOR ORLANDO, FL 32801	
2. Principal Place of Business 1900 Corporate Blvd.		3. Mailing Address 1900 CORPORATE BLVD.			
Suite, Apt. #, etc. 400E		Suite, Apt. #, etc. 400E			
City & State BOCA RATON, FL		City & State BOCA RATON FL			
Zip 33431		Country PALM BEACH		4. FEI Number 04-3839659	
Zip 33431		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARLMAN, CRAIG S 2 SOUTH ORANGE AVE., 5TH FLOOR ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name JUD CARLSON Street Address (P.O. Box Number is Not Acceptable) 21113 BIRDSNEST TERRACE City BOCA RATON FL Zip Code 33433	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Jud Carlson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 3-30-06 <small>DATE</small> </div> </div>					
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	D <input type="checkbox"/> Delete KRISHNA, MANOJ 49 GOOSEPASTURES YARM.TS159EP9 UNITED KINGDOM,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRIESEM, TAI 20 THATCH LANE,INGLEBY BARWICK, STOCKTON-ON-TEESTS17 OTN,UK,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CEO <input type="checkbox"/> Delete JUD CARLSON 21113 BIRDSNEST TERRACE Boca Raton, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Vijay Patel Ph.D. Univ. of Toledo Mail Stop 303 Toledo, OH 43606		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	
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	
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>Jud Carlson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-30-06 (561)756-2660 <small>Date Daytime Phone #</small>		