2007 FOR PROFIT CORPORATION

Apr 16, 2007 8:00 am Secretary of State ANNUAL REPORT 04-16-2007 90069 019 ***150.00 DOCUMENT # P05000067613 1. Entity Name SUKTECH INC 40062258 Principal Place of Business Mailing Address 7203 REX HILL TR 7203 REX HILL TR ORLANDO, FL 32818 ORLANDO, FL 32818 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 310 5 BILLARD ST 310 S DICCARD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02102007 Chg-P SUITE 300 541E 300 City & State 4. FEI Number Applied For WINTER GARDEN 61-1487977 Not Applicable ^{Ζίρ} 3<u>478</u> Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUKHRAM, RAJ 7203 REX HILL TR ORLANDO, FL 32818 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE SUKHRAM, RAJ NAME NAME S DILLALD ST, SUITE 300 STREET ADDRESS 7203 REX HILL TR STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CHY S1-ZIP TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP 1811 F ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP TITLE ☐ Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 it 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RAJ SUKHRAN

G OFFICER OR DIRECTOR

Date

Daytime Phone #