2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000074668

1. Entity Name SOUNDTECH CORPORATION

CITY-ST-ZIP

SIGNATURE:



FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90392 012 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				1	193						
2. Principal Race of Business Stroto, Apr. 6, etc. Sulto, Apr. 6, etc.	11707 LAKE	VIEW DRIVE	11707 LAKEVIEW DRIVE								
Sullio, Apr. W. etc.			3 Mailing Address			4005	7365 Milii lii				
Siy & State Do County Six &	4805	5 Alaska Circle	9805 Alask	A Circl	e		 	 			
St. Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04062006	Chg-P	CR2E03	4 (11/05)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 socious the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socious control of the obligations of registered agent. 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 socious the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socious the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socious the obligations of registered agent, or both, in the State of Florida. I am familiar with, and socious the obligations of registered agent. 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 socious the obligations of registered agent. 9. Election Campaign Financing	Sity & Stat	a Raton, FL	1 (2) 1 1 1 .	LIFL		4. FEI Numb	58 <i>8130 </i>	•	 	'	
Name	3,343	Country USA	1 -1 - 1 - 1			5. Certificate	of Status Desired				
FLANAGIN, CAROLYN 9805 ALASKA CIRCLE BOCA RATON, FL 33434 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stete of Ronda. I am familiar with, and socious the obligations of registered agent. SIGNATURE Signature typed or printed rare of registered agent and the Fapplicable. (NOTE: Registered Agent signature recursed when rentating) DATE FILE NOW!!! FEE IS \$150.00 After May-1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Addlet to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME FLANAGIN, BRENT SIRET ADDRESS 11707 LAKEVIEW DRIVE LEESBURG, FL 34788 TITLE DS UNSEE SUBJECT, ST-2IP Delide TITLE NAME SIRET ADDRESS CITY-ST-2IP Oelide TITLE NAME SIRET ADDRESS CITY-ST-2IP OELIGE Change Chang		- 6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	EL ANAGIN	N CAROLVN		Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and occide the obligations of registered agent. SIGNATURE Signature Signatu	9805 ALASKA CIRCLE				Street Address (P.O. Box Number is Not Acceptable)						
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 accidented obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent senature required when remaining) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. DPT STREET ADDRESS CITY-ST-ZIP TITLE DPT FLANAGIN, BRENT 11707 LAKEVIEW DRIVE LEESBURG, FL 34788 CITY-ST-ZIP TITLE DS Delete TITLE DS Delete TITLE DS DRAWE STREET ADDRESS CITY-ST-ZIP TITLE DS DELET STATE DELET STREET ADDRESS CITY-ST-ZIP TITLE DS DELET STATE DELET STREET ADDRESS CITY-ST-ZIP TITLE DS DELET STATE DELET STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS CITY-ST-ZIP DELET TITLE DELET STATE DELET STREET ADDRESS CITY-ST-ZIP TITLE DELET STATE DELET STREET ADDRESS CITY-ST-ZIP DELET STREET ADDRESS CITY-ST-ZIP DELET STREET ADDRESS CITY-ST-ZIP DELET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELET DELET CITY-ST-ZIP Change Ad AD Change Ad AD Change Ad CITY-ST-ZIP Change AD Change Ad CITY-ST-ZIP Change AD Cha									1 = 2 = 1	····	
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 directo 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 changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE
SIGNATURE
SIGNATURE-

NAME OF SIGNING OFFICER OR DIRECTOR