


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90398 002 ***150.00

DOCUMENT # P05000077758
 1. Entity Name
 S-INFOTECH, INC.



Principal Place of Business
 480 NW 20TH STREET #105
 BOCA RATON, FL 33431

Mailing Address
 480 NW 20TH STREET #105
 BOCA RATON, FL 33431

2. Principal Place of Business
 3416 Lawson Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
 3416 Lawson Blvd.
 Suite, Apt. #, etc.

City & State
 Delray Beach, FL

City & State
 Delray Beach, FL

Zip
 33445

Country
 USA

Zip
 33445

Country
 USA

40075641



04252006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SIMNETT, RICHARD
 480 NW 20TH STREET #105
 BOCA RATON, FL 33431

4. FEI Number
 20-2941138

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 3416 Lawson Blvd.
 City Delray Beach FL Zip Code 33445

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 *R. L. [Signature]* DATE 4/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transacting)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME SIMNETT, RICHARD		NAME	
STREET ADDRESS 480 NW 20TH STREET #105		STREET ADDRESS 3416 Lawson Blvd.	
CITY-ST-ZIP BOCA RATON, FL 33431		CITY-ST-ZIP Delray Beach, FL 33445	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *R. L. [Signature]* *[Signature]* *4/26/06* *Stat. 306 7787*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR