2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000128030

Entity Name: FOTECA CORP.

Current Principal Place of Business:

16117 SANDCREST WAY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 274083
TAMPA, FL 33688

New Mailing Address:

FEI Number: 75-2989974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSORIO, JOSE O
6151 OAK CLUSTER CIRCLE
TAMPA, FL 33634 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: ARANGO, GABRIEL A
Address: 16117 SANDCREST WAY
City-St-Zip: TAMPA, FL 33618

Title: VD ( ) Delete
Name: SAMBRANO, CAROLINA
Address: 16117 SANDCREST WAY
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete
Name: MARTINEZ, LILIANA
Address: 16117 SANDCREST WAY
City-St-Zip: TAMPA, FL 33618

Title: TD ( ) Delete
Name: MARTINEZ, OLGA C
Address: 16117 SANDCREST WAY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARANGO, GABRIEL A
Address: 12705 POLLY PL
City-St-Zip: TAMPA, FL 33625

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GABRIEL A ARANGO PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date