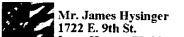
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 14, 2006 8:00 am Secretary of State DOCUMENT # P05000133702 1. Entity Name 08-14-2006 90041 006 \*\*\*150.00 ULTRASOUND CONTRACTING SERVICES INC. Principal Place of Business Mailing Address 1722 E 9TH STREET 1722 E 9TH STREET LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4 El Number Applied For City & State City & State Not Applicable Country Zip Country \$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 HYSINGER, JAMES 1722 E 9TH STREET Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN FL 32444 Zip Code FL 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 Signature, typed or printed name of registered agent and title d annicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition HYSINGER, JAMES NAME NAME 1722 E 9TH STREET STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP CTIY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE THE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 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:



Amos Apring 8/1/0

FILED