

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5. **FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90395 007 \*\*\*158.75

**DOCUMENT # P05000138695**

1. Entity Name  
**PROTECH BIKES, INC.**



Principal Place of Business      Mailing Address  
 1952 WHEELER RD.      1952 WHEELER RD.  
 N. PALM BEACH, FL 33408      N. PALM BEACH, FL 33408



2. Principal Place of Business      3. Mailing Address  
*1952 WHEELER RD.*      *1952 WHEELER RD.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02152006      Chg-P      CR2E034 (11/05)

City & State      City & State  
*NORTH PALM BEACH FL*      *NORTH PALM BEACH FL*  
 Zip      Country      Zip      Country  
*33408*      *USA*      *33408*      *USA*

4. FEI Number      Applied For  
*20-3728607*      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALEXANDER, ROBERT**  
 1952 WHEELER RD.  
 N. PALM BEACH, FL 33408

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Robert Alexander*      (NOTE: Registered Agent signature required when reappointing)      DATE

**FILE NOW!!! FEE IS \$180.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ALEXANDER, ROBERT<br>1952 WHEELER RD.<br>N. PALM BEACH, FL 33408 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Robert Alexander*      Date: *6/27/06*      561-228-1515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR      Date      Daytime Phone #