

FILED
Aug 07, 2006 8:00 am
Secretary of State

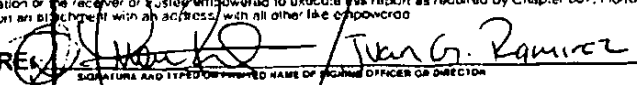
Sent By: RIO SMIDHUM & MANLEY;

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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000165100			
1. Entity Name HUNTING TECHNOLOGIES, INC.			
Principal Place of Business 18932 FISHERMANS BEND DRIVE LUTZ, FL 33558		Mailing Address 18932 FISHERMANS BEND DRIVE LUTZ, FL 33558	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST 4TH FLOOR MIAMI, FL 33145		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 _____ DATE _____ Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing change.)			
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1"	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RAMIREZ, JUAN G 18932 FISHERMANS BEND DRIVE LUTZ, FL 33558 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSTD RAMIREZ, FACUNDA A 18932 FISHERMANS BEND DRIVE LUTZ, FL 33558 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/18/06 813-948-9800 Date Day and Time	

66022740



07182006 Chg-P CR2E034 (11/05)

4. FEI NUMBER: **20-3971205** Applied For Not Applicable

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