2008 FOR PROFIT CORPORATION

Jul 30, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000107704 07-30-2008 90028 009 ***150.00 1. Entity Name **BECK TECHNOLOGIES INC** Principal Place of Business Mailing Address 4311 70TH STREET CIRCLE EAST **4311 70TH STREET CIRCLE EAST** PALMETTO, FL 34221 US PALMETTO, FL 34221 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07232008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JIM GAY PA Street Address (P.O. Box Number is Not Acceptable) 3984 MANATEE AVE E BRADENTON, FL 34208 Zip Code City 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition THILE ☐ Delete TITLE BECK, WERNER A NAME NAME 4311 70TH ST CIR E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATIIE) E .

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

Neck 7-24-08

FILED

Change

☐ Change

■ Addition

☐ Addition