## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 24, 2008 08:00 Al **Secretary of State** DOCUMENT # P06000152657 **EXPANSION TECHNOLOGIES INC.** Principal Place of Business Mailing Address 12555 BISCAYNE BOULEVARD 12555 BISCAYNE BOULEVARD NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 03212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-8025080 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACKERMAN, PAUL DO NOT WRITE 12555 BISCAYNE BOULEVARD NORTH MIAMI, FL 33181 IN THIS SPACE 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 04/09/08-80024-001 150.00 TITLE ACKERMAN, PAUL NAME STREET ADDRESS 12555 BISCAYNE BOULEVARD CITY-ST-ZIP NORTH MIAMI, FL 33181 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE īm F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR