2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28805

Entity Name: TECHNETICS CORPORATION

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1700 E. INT'L SPEEDWAY BLVD DELAND, FL 327248715 **Current Mailing Address: New Mailing Address:** 1700 E. INT'L SPEEDWAY BLVD DELAND, FL 327248715 FEI Number: 59-2999955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SINGLETON, JACK, Name: Name: 1700 E. INT'L SPEEDWAY BLVD Address: Address: City-St-Zip: DELAND, FL 327248715 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GRIEF, ART, Name: 1700 E. INT'L SPEEDWAY BLVD Address: Address: DELAND, FL 327248715 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HUGHES, JAMES Name: Name: 1700 E. INT'L SPEEDWAY BLVD Address: Address: City-St-Zip: DELAND, FL 327248715 City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, DOÙGLAS H Name: Name: Address: 111 CENTER ST Address: City-St-Zip: LITTLE ROCK, AR City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES HUGHES P 04/17/2008

JACOBY, JON E M

111 CENTER ST

LITTLE ROCK, AR

Name:

Address: City-St-Zip: