


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 046 ***150.00

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| DOCUMENT # P92000004459 | |  |
| 1. Entity Name OCEAN TEST EQUIPMENT, INC. | | |

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| Principal Place of Business 2021 SW 70 AVE BLDG. 1 FT LAUDERDALE, FL 33317 US | Mailing Address 2021 SW 70 AVE BLDG. 1 FT LAUDERDALE, FL 33317 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country |
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03092006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0362251 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BANU, JOHN 501 GETTYSBURG TERR PLANTATION, FL 33325 | |
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| 7. Name and Address of New Registered Agent Name <u>JOHN BANU</u> Street Address (P.O. Box Number is Not Acceptable) <u>317 NW 95 AVE NUC</u> City <u>PLANTATION</u> FL Zip Code <u>33317</u> | |
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| 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 <u>John Banu</u> <u>President</u> DATE <u>4/12/06</u> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BANU, JOHN 317 NW 95 AVE. PLANTATION, FL 33324 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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| SIGNATURE: <u>John Banu</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE <u>4/12/06</u> Date | Daytime Phone # |
|---|-----------------------------|-----------------|