2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013162

Address:

City-St-Zip:

6112 KIPPS COLONY DR. WEST

GULFPORT, FL 33707

FILED May 26, 2006 Secretary of State

Entity Name: HI*TECH ELECTRONIC DISPLAYS, INC. **Current Principal Place of Business: New Principal Place of Business:** 13900 U.S. HWY. 19 N. CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 13900 U.S. HWY. 19 N. CLEARWATER, FL 33764 FEI Number: 59-3166625 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: PAONESSA, RALPH J III BLACKWELL, WORTH T 721 FIRST AVENUE N. 13900 U.S. HWY. 19 N. CLEARWATER, FL 33764 US ST PETERSBURG, FL 33701 US 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: WORTH T. BLACKWELL 05/26/2006 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 PAONESSA, RALPH J III Name: Name: 13900 U.S. HWY. 19 N. Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: () Delete Title: VPAD Title: () Change () Addition Name: PAONESSA, BARBARA Name: 13900 U.S. HWY. 19 N. Address: Address: CLEARWATER, FL 33764 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ROSE, ROBERT Name: Name: 13900 U.S. HWY, 19 N. Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: DIR () Delete Title: () Change () Addition PAONESSA, JEFFREY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: RALPH J. PAONESSA III PD 05/26/2006