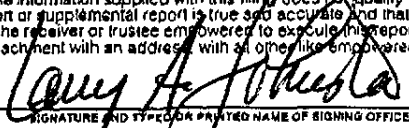


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000045696 1. Entity Name HI-TECH INDUSTRIES, INC		
Principal Place of Business 736 WESLEY AVE TARPON SPRINGS, FL 34689 US		Mailing Address PO BOX 1592 TARPON SPRINGS, FL 34688
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent JOHNSTON, MARYELLEN 719 WESLEY AVENUE TARPON SPRINGS, FL 34689		DO NOT WRITE 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 office applicable. (NOTE: Registered Agent signature required when installing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS JOHNSTON, MARYELLEN 1806 KENILWORTH STREET HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSTON, LARRY 1806 KENILWORTH ST HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 an officer like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-1-06 727-942-7933 Date Office Phone x



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3021226Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**000000561471
05/19/06-80015-023 158.75**DO NOT WRITE
IN THIS SPACE**