2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90412 015 ***158.75 DOCUMENT # P93000046909 1. Entity Name JEAN LEFEBVRE TECHNOLOGY, INC. Principal Place of Business Mailing Address 50008686 1936 LEE RD 1936 LEE RD WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3189287 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLARD, JEAN-MARG- P. FREDERICK O'DEA TR. 1936 LEE RD WINTER PARK, FL 32789 Zip Code **32789** 8. The above named entity submits this statement for the purpose of changing its registered office or registered as ent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME MARCHAND, JEAN LOUIS NAME STREET ADDRESS 18 PLACE DE L'EUROPE STREET ADDRESS RUEIL MALMAISON, FR 92565 CITY-ST-ZIP CITY-ST-ZIP DC TITLE ☐ Defete ☐ Change ☐ Addition BODSON, LUC NAME NAME STREET ADDRESS 1936 LEE ROAD STREET ADDRESS CITY-ST-7IP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE Delete TITLE ■ Addition ODEA, P FREDERICK J. NAME BODSON, LUC STREET ADDRESS 1936 LEE ROAD STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition O'DEAT P. FREDERKE TR. CHAPATTE, DIDLER -NAME NAME STREET ADDRESS 1936 LEE ROAD STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CETY-ST-7IP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

FILED

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE: