

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010073

Entity Name: URECON SYSTEMS, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

4185 SOUTH US 1,
STE 102
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

1800 AVE BEDARD
ST. LAZARE, QUEBEC, CANADA
J7T 2G4, XX

New Mailing Address:

1800 AVE BEDARD
ST. LAZARE, QUEBEC, CANADA, QC H8Z 3A1

FEI Number: 59-3222462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, LEWIS S
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: SD () Delete
Name: MACDONALD, RON
Address: 1800 BOUL BEDARD
City-St-Zip: ST. LAZARE, QU

Title: TD () Delete
Name: LAJOIE, PIERRE
Address: 1800 BOUL BEDARD
City-St-Zip: ST. LAZARE, QU

Title: D () Delete
Name: GAYLARD, GREGG
Address: 1800 BOUL BEDARD
City-St-Zip: ST. LAZARE, QU

Title: D () Delete
Name: PHENIX, CHRISTIAN
Address: 1800 BEDARD
City-St-Zip: ST LAZARE QUEBEC,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CHRISTIAN PHENIX

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date