

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010073

Entity Name: URECON SYSTEMS, INC.

FILED  
Feb 28, 2007  
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, QC J7T 2G4

## New Mailing Address:

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

FEI Number: 59-3222462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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: P ( ) Delete  
Name: GAYLARD, GREGG  
Address: 1800 AVE. BEDARD  
City-St-Zip: ST. LAZARE, QC J7T 2G4

Title: VP ( ) Delete  
Name: PHENIX, CHRISTIAN  
Address: 1800 AVE. BEDARD  
City-St-Zip: ST. LAZARE, QC J7T 2G4

Title: D ( ) Delete  
Name: TOUSIGNANT, MAURICE  
Address: 1800 AVE. BEDARD  
City-St-Zip: ST. LAZARE, QC J7T 2G4

Title: D ( ) Delete  
Name: BANFILL, ELIZABETH  
Address: 1800 AVE. BEDARD  
City-St-Zip: ST LAZARE QUEBEC, QC J7T 2G4

## 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 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.

SIGNATURE: CHRISTIAN PHENIX

VP

02/28/2007

Electronic Signature of Signing Officer or Director

Date