2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010073

Name:

Address:

City-St-Zip:

1800 AVE. BEDARD

ST LAZARE QUEBEC, QC J7T 2G4

Entity Name: URECON SYSTEMS, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4185 SOUTH US 1. STE 102 ROCKLEDGE, FL 32955 **New Mailing Address: Current 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: Name and Address of New Registered Agent: DUSS, JOHN S IV, ESQ FORD, BOWLUS, DUSS, MORGAN, ET AL 3652 ĆROWN PÓINT CŤ JACKSONVILLE, FL 32257 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: 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 GAYLARD, GREGG Name: Name: 1800 AVE. BEDARD Address: Address: City-St-Zip: ST. LAZARE, QC J7T 2G4 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: PHENIX, CHRISTIAN Name: 1800 AVE. BEDARD Address: Address: ST. LAZARE, QC J7T 2G4 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TOUSIGNANT, MAURICE Name: Name: 1800 AVE. BEDARD Address: Address: City-St-Zip: ST. LAZARE, QC J7T 2G4 City-St-Zip: Title: () Delete Title: () Change () Addition BANFILL, ELIZABETH

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

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: CHRISTIAN PHENIX 02/12/2009