2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90183 036 ***150.00

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1. Entity Name
IAD TECHNOLOGIES CORP.

Principal Place of Business	Mailing Address
6401 WINKLER ROAD FT MYERS, FL 33919 US	6401 WINKLER ROAD FT MYERS, FL 33919 US

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2165 US Hwy 27 So	2165 US Hwy 27 So
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid FL	City & State: Lake Placid FL
Zip: 33852 Country: Highlands	Zip: 33852 Country: Highlands

4. FEI Number: 65-0530421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATTREE, RUSS
~~6401 WINKLER ROAD~~ 2165 US Hwy 27 So
~~FT MYERS, FL 33919~~ Lake Placid FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ATTREE, RUSS 6401 WINKLER ROAD FT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2165 US Hwy 27 So Lake Placid FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature] 4/28/06 (863) 699-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Russ Attree