2006 FOR PROFIT CORPORATION

Jun 05, 2006 8:00 am ANNUAL REPORT (AF.) -4/2 **Secretary of State** DOCUMENT # P95000002617 04-28-2006 90152 018 ***150.00 INTERIOR TECHNICIANS, INC. Principal Place of Business Mailing Address P.O. BOX 2561 PALM CITY FL 34991 US 2502 SW BUENA VISTA DR PDATIOAL PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0548106 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRALL, MATTHEW E Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD. PENTHOUSE WEST FT. LAUDERDALE FL 33304 City Zio 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 agen SIGNATURE (NOTE: Registeren Agent sirynalum mitjuma when toxinintally) FILE NOW!!! FEE'IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIFLE ☐ Delete THE ☐ Change ■ Addition NAME LOCKWOOD, JOHN NAME STREET ADDRESS 2502 SW BUENA VISTA DR STREET ADDRESS CITY-ST-71P PALM CITY FL 34990 CIFY-SI-ZIP ППЕ Delete HILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Custo-☐ Change ☐ Addition 1911 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Defete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition MALLE NAME STREET AUDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this thing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 employees 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 employees.

CITY-ST-712

SIGNATURE:

CHY-SI-7IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED