2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 Secretary of State

			secretary of Stat
1. Entity Nam	MENT # P95000008577		, 51 2
Principal Place 144 RIDGEW OAK RIDGE,			A TODANIBES SIR TEKNO DIKI BUNK BUNK BUNK BUNK BUNK BUNK BUNK BUNK
C	OO NOT WRITE IN THIS SPA	CE	01092006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied For Status Desired Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent DOVER, WILLARD D ESQ NILES, DOBBINS,MEEKS, RALEIGH & DOVER 2601 E OAKLAND PARK BLVD 400 FORT LAUDERDALE, FL 33306			DO NOT WRITE IN THIS SPACE
3. 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 the 1 applicable [HOTE: Registered Agent apparatus agent applicable of 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 the 1 applicable [HOTE: Registered Agent apparatus proprieted when refusality] DATE			
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
TITLE NAME STRIET ADDRESS CITY-ST-ZIP TITLE NAME STRIET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS P BERTHOLD, ANSELM VOGESENALLEE 1D PFORZHEIM GERMANY. 75173 VPST BERTHOLD, TOBIAS 3907 GLENGARRY DR. AUSTIN, TX 78731		U00000397648 01/30/06-80056-025 150.06
TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE HAME STREET ADDRESS CITY-ST-ZP TITLE	:		
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor	certify that the information supplied with this filing does not qualify for the ex- on this report or supplemental report is true and accurate and that my signa poration or the receiver or trustee empowered to execute this report as requi	emptions contained ture shall have the s fred by Charter 677	in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oalls; that I am an officer or director. Florida Statutes: and that man appears in Block 10 or Block 11 or Block 1
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like propowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desprine Phone 6			