2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2006 08:00 AN DOCUMENT # P95000044117 **Secretary of State** 1. Entity Name AMERICAN RADIONIC COMPANY, INC. Principal Place of Business Mailing Address 32 HARGROVE GRADE P.O. BOX 352919 PALM COAST, FL 32137-5101 PALM COAST, FL 32137-5101 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-0695201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent :AW OFFICES OF KATZ & GREEN DO NOT WRITE 1 FLORIDA PARK DRIVE SOUTH ATRIUM SUITE IN THIS SPACE PALM COAST, FL 32137 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 life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000544014 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 05/11/06-80018-008 150.00 10. OFFICERS AND DIRECTORS TITLE NAME STOCKMAN, ROBERT STREET ADDRESS 32 HARGROVE GRADE CITY-ST-ZIP PALM COAST, FL 321375101 TITLE STOCKMAN, RICHARD NAME 32 HARGROVE GRADE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 321375101 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY - ST- ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR