


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90163 025 ***158.75

DOCUMENT # P95000052491 1. Entity Name PULAU ELECTRONICS CORPORATION					
Principal Place of Business 12633 CHALLENGER PARKWAY SUITE 200 ORLANDO FL 32826			Mailing Address 12633 CHALLENGER PARKWAY SUITE 200 ORLANDO FL 32826		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDING, LOEDWYK O		NAME		
STREET ADDRESS	12633 CHALLENGER PARKWAY, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32826		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENDLAND, CHARLES W		NAME		
STREET ADDRESS	12633 CHALLENGER PARKWAY, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32826		CITY-ST-ZIP		
TITLE	CDTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUNDERLIN, WALTER J		NAME		
STREET ADDRESS	12633 CHALLENGER PARKWAY, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32826		CITY-ST-ZIP		
TITLE	VPO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAUER, JAMES		NAME		
STREET ADDRESS	12633 CHALLENGER PARKWAY, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32826		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	CHIEF FINANCIAL OFFICER	
STREET ADDRESS			STREET ADDRESS	HAWKCOCK, TODD S	
CITY-ST-ZIP			CITY-ST-ZIP	12633 CHALLENGER PARKWAY # 200 ORLANDO FL 32826	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE: Walter J. Sunderlin **WALTER J. SUNDERLIN** 04/24/06 407 380 9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #