## → 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 15, 2006 08:00 AM Secretary of State DOCUMENT # P96000038973 1. Entity Name LEVEL TEN INC. Principal Place of Business Mailing Address 1270 DEER PATH DR. 1270 DEER PATH DR. OSTEEN, FL 32764 US OSTEEN, FL 32764 No Chg-P CR2E034 (11/05) 02032006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3377142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KANGAS, THOMAS DO NOT WRITE 1270 DEER PATH DR. OSTEEN, FL 32764 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME KANGAS, THOMAS STREET ADDRESS 1270 DEER PATH DR. 000000438027 02/28/06-80071-020 150.00 CITY-ST-ZIP OSTEEN, FL 32764 TITLE NAME STREET ADDRESS CITY-ST-ZIP 717t F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 313LE IN THIS SPACE MANE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-\$1-21P TITLE

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:

NAME STREET ADDRESS CITY-ST-MP

SIGNATURE AND THE OF SIGNING OF

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FILED