2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 08:00 AN

DOCUMENT # P96000056497 1. Entity Name PVG TECHNOLOGIES INC.					Secretary of State		
1601 PARK	e of Business LANE S #100 33458 US	Mailing Address 1601 PARK LANE S #100 JUPITER, FL 33458 US				ON MANUAL ANNO ANNO ANNO ANNO ANNO ANNO ANNO AN	
DO NOT WRITE IN THIS SPAC				04182006 4. FEI Numb 65-067	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANCINI, GERMANO 1601 PARK LANE S #100 JUPITER, FL 33458				DO NOT WRITE IN THIS SPACE 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							
		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR P MANCINI, GERMANO 5550 N. OCEAN DR. #3D SINGER ISLAND, FL 33404 ST MANCINI, PAOLA	ECTORS (05/17/0	00557882 6-80071-001 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5550 N. OCEAN DRIVE #3D SINGER ISLAND, FL 33404			DO		00557882 6-80071-002 8.75 'RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	

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 actiress with all other like empowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR