

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096059

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: HIGH TECH PRODUCTS INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

455 DOUGLAS AVE  
STE 2155 B  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770877  
ORLANDO, FL 32877

**New Mailing Address:**

FEI Number: 59-3415778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBSON, RICHARD A  
501 E KENNEDY BLVD  
SUITE 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MIRCHANDANI, D A  
Address: 4929,CASA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: MIRCHANDANI, V D  
Address: 4929,CASA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MIRCHANDANI, D A  
Address: 4929 CASA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition  
Name: MIRCHANDANI, V D  
Address: 4929 CASA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. MIRCHANDANI

D

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date