2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2006 08:00 AM

| DOCUMENT # P97000016686 1. Entity Name HAND TECHNICAL SALES, INC. Principal Place of Business Mailing Address | Secretary of State |
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| 119 INLET HARBOR ROAD 119 INLET HARBOR ROAD PONCE INLET, FL 32127 PONCE INLET, FL 32127 | |
| DO NOT WRITE IN THIS SPACE. 6. Name and Address of Current Registered Agent | 01242006 No Chg-P CR2E034 (11/05) 4. FEI Number |
| HAND, JOHN D 119 INLET HARBOR ROAD PONCE INLET, FL 32127 | DO NOT WRITE IN THIS SPACE |
| 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 title if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | 1000000411938 U00000411938 U000000411938 |
| 10. OFFICERS AND DIRECTORS TITLE D NAME HAND, JOHN D STILLET ADDRESS 119 INLET HARBOR ROAD TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | |
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| TIFLE NAMC STREET ADDRESS CITY-ST-ZIP | IN THIS SPACE |
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| THRE 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 it made under oath; that I am an officer or director of the corporation or the receiver of indice of provered to execute his 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 either title empowered. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: Descriptions of the corporation of th | |

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