2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 22, 2007 08:00 A DOCUMENT # P97000102532 1. Entity Name **Secretary of State** SCIENCETEK INSTRUMENTS CORPORATION Principal Place of Business Mailing Address 990 OSPREY COURT P.O. BOX 905 CRYSTAL BEACH FL 34681 CRYSTAL BEACH FL 34681 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3484121 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOCHNER, LORENZ F 990 OSPREY COURT Street Address (P.O. Box Number is Not Acceptable) CRYSTAL BEACH FL 34681 -City Zip Code 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 | am familiar with and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DHE Delete TITLE ☐ Change noitibhA . LOCHNER, LUZ NAME NAME 9900 OSPREY COURT STREET ADDRESS STREET ADDRESS CRYSTAL BEACH FL 34681 CITY-S1-ZIP CITY-ST-ZIP ☐ Defete HILE Change Addition NAME NAME U000000676187 STREET ADDRESS 03/30/07-80048-019 150.00 STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP iliid." Doléie Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Hill Defete TITLE Change ■ Addition: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS 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 poper is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trueter on provinged to occupie 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 adjoint of the receiver of the statutes of the statutes

SIGNATURE: