

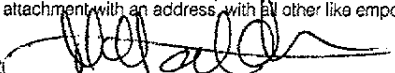


**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000002912</b>			
1. Entity Name <b>Y-TECH SOLUTIONS INC.</b>			
Principal Place of Business <b>5151 W. RIO VISTA AVE TAMPA, FL 33634</b>		Mailing Address <b>5151 W. RIO VISTA AVE TAMPA, FL 33634</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3489028</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			
<b>SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		0000000508431 04/23/06-801005-003 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YALDOR, SAMUEL 6918 AQUEDUCT TERRACE ODESSA, FL 33556	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YALDOR, MARTINE 6918 AQUEDUCT TERRACE ODESSA, FL 33556		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing 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: 		4/10/06 83-880-0800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	