2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED **DOCUMENT # P98000082787** Apr 27, 2006 08:00 AN Secretary of State SATÉLLITE INDUSTRIES, INC. Principal Place of Business Mailing Address 249 POINCIANA DR. 249 POINCIANA DR. INDIAN HARBOUR BCH, FL 32937 INDIAN HARBOUR BCH, FL 32937 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3534051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOWLING, GEORGE T DO NOT WRITE 249 POINCIANA DR. INDIAN HARBOUR BCH, FL 32937 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DOWLING, GEORGE T NAME STREET ADDRESS 249 POINCIANA DR. U00000538207 CITY-ST-ZIP INDIAN HARBOUR BCH, FL 32937 05/09/06-80049-002_150.00 ST DOWLING, COLLEEN A NAME STREET ADDRESS 249 POINCIANA DR. CITY-ST-ZIP INDIAN HARBOR, FL 32937 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

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

G.T. Dowling

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Apri/2006 321-773-208
Davime Phone #