2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2007 8:00 am DOCUMENT # P98000092951 **Secretary of State** 03-23-2007 90019 040 ***150.00 BELTECH SYSTEMS INCORPORATED Principal Place of Business Mailing Address 13265 108TH AVE N LARGO FL 33774 13265 108TH AVE N LARGO FL 33774 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 59-3540713 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PARKER, DONALD R Street Ad 9787 TAYLOR ROSE LN. LARGO FL 33777 8. The above named entity submits this statement (or 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 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition PARKER, DONALD R NAME NAME 9787 TAYLOR ROSE LN. STREET ADORESS STREET ADDRESS LARGO FL 33777 CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete IIIU. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete RHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP □ Delete TITLE Change Addition NAML NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. If 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 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 alternment with an address, with all other like empowered.

SIGNATURE:

FILED