

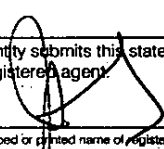
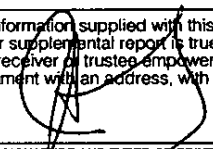


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90003 011 ***150.00

DOCUMENT # P98000106175 1. Entity Name MULTIPLE-TECH INDUSTRIES, INC.					
Principal Place of Business 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351			Mailing Address 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351		
2. Principal Place of Business 1130 FAIRDALE WAY Suite, Apt. #, etc.		3. Mailing Address 1130 FAIRDALE WAY Suite, Apt. #, etc.		50025090 	
City & State WEST PALM BEACH		City & State WEST PALM BEACH		4. FEI Number 65-0824927	
Zip FL 33414		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARADO, JUAN I 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351				7. Name and Address of New Registered Agent Name ALVARADO, JUAN I Street Address (P.O. Box Number is Not Acceptable) 1130 FAIRDALE WAY City WEST PALM BEACH FL Zip Code 33414	
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  J. ALVARADO DATE 8-5-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, JUAN I 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, JUAN I 1130 FAIRDALE WAY WEST PALM BEACH FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, ROSARIO 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, ROSARIO 1130 FAIRDALE WAY WEST PALM BEACH FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  JUAN ALVARADO 8.5.06 561 795-0759 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					