2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2004 08:00 AM Secretary of State **DOCUMENT # P99000026405** TECHNIKA SERVICES INC. Principal Place of Business Mailing Address 9401 CASCADE CT 9401 CASCADE CT BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 CR2E034 (10/03) 01192004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0906645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCKENDRICK, STUART J DO NOT WRITE 9401 CASCADE CT BOYNTON BEACH, FL 33437 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. DATE Signature, lyoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITE F NAME MCKENDRICK, STUART J STREET ADDRESS 9401 CASCADE CT BOYNTON BEACH, FL 33437 CITY-ST-ZP TITLE U00000013456 01/26/04-80054-012 158.75 NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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: MEMORIAS STURRET J. MCKENDRIKK 1/20/04 56/-752-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

STREET ADDRESS