2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P99000037712 02-10-2006 90008 040 ***150.00 1. Entity Name E-TECHSERVICES.COM, INC. Principal Place of Business Mailing Address 7723 S.W. 26TH PLACE 7723 S.W. 26TH PLACE GAINESVILLE FL 32607 **GAINESVILLE FL 32607** 2. Principal Place of Business 3. Mailing Address 5220 SW 91 STERR 5220 SW 91 ST TERR Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3574159 Minexiville CAINESUITE Not Applicable Country \$8.75 Additional 32608 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARIET, MARIO A Street Address (P.O. Box Number is Not Acceptable) 5220 SW 915+ TERR 7723 S.W. 26TH PLACE GAINESVILLE FL 32607 City 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 1-30-06 (NOTE: Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS .10. & ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE -PS ☐ Delete TITLE ☐ Addition NAME ARIET, MARIO A NAME STREET ADDRESS 7723 S.W. 26TH PLACE STREET ADDRESS 5220 SW 9151 TERR CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP 3 2408 CEO ☐ Delete TITLE Change ☐ Addition SPINDLER, MARC NAME 52205W 915+ 1 ERE. STREET ADDRESS 7723 SW 26TH PLACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP 32608 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 attachment with an address, with all other like empowered.

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SIGNATURE:

FILED

1-30-06 352.332,3200

Feb 10, 2006 8:00 am