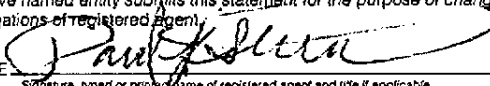
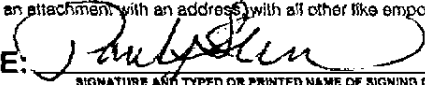


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000083255 1. Entity Name BASETEC OFFICE SOLUTIONS, INC.			
Principal Place of Business 2480 W. SANDLAKE RD. ORLANDO, FL 32809 US		Mailing Address 2480 W. SANDLAKE RD. ORLANDO, FL 32809 US	
DO NOT WRITE IN THIS SPACE			
		 01312006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3601799 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINKIRCHNER, PAUL J 2480 SANDLAKE ROAD ORLANDO, FL 32809		DO NOT WRITE 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:  1/31/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 000000416892 02/13/06-80033-020 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PSTD STEINKIRCHNER, PAUL J 2480 W SANDLAKE ROAD ORLANDO, FL 32809	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/31/06 409 657 9307 Date Daytime Phone #	