
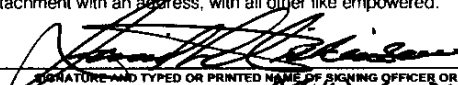


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 028 ***150.00

DOCUMENT # P99000106708 1. Entity Name PHARLO CITRUS TECHNOLOGIES, INC.					
Principal Place of Business 96 WILLARD ST STE 101 COCOA, FL 32922			Mailing Address 96 WILLARD ST STE 101 COCOA, FL 32922		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3612888	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKINSON, DAVID 96 WILLARD ST STE 101 COCOA, FL 32922				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUMMINS, BARRY		NAME		
STREET ADDRESS	1203 EGRET AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREASEY, DAVID		NAME	CREASEY, DAVID	
STREET ADDRESS	5045 FAIRWAY CIRCLE, APT 201		STREET ADDRESS	163 RAINBOW ST.	
CITY-ST-ZIP	VERO BEACH, FL		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKINSON, DAVID		NAME	DICKINSON, DAVID	
STREET ADDRESS	433 MOORE PARK LANE		STREET ADDRESS	1511 ROCKLEDGE DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	ROCKLEDGE, FL 32956	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			Date: April 27, 2006 321 639 0771		
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID L. DICKINSON			Daytime Phone #		