## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S58743

FILED Apr 22, 2006 Secretary of State

Entity Name: AZ-TECH RESEARCH AND DEVELOPMENT CORPORATION

Current Princip	oal Place of Business:	New Princi	pal Place of Business:

499 91ST STREET 8490 LEOPOLD AVE.

MARATHON, FL 33050 US NORTH PORT, FL 34287 US

Current Mailing Address: New Mailing Address:

499 91ST STREET 8490 LEOPOLD AVE.

MARATHON, FL 33050 US NORTH PORT, FL 34287 US

FEI Number: 65-0264974 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOWDELL, THOMAS J., III 11300 OVERSEAS HIGHWAY MARATHON, FL 33050 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition Name: CALLAHAN, MICHAEL D., Name: CALLAHAN, MICHAEL D.,

 Address:
 499 91ST STREET
 Address:
 8490 LEOPOLD AVE.

 City-St-Zip:
 MARATHON, FL
 City-St-Zip:
 NORTH PORT, FL 34287

Title: V () Delete Title: V (X) Change () Addition

Name:CALLAHAN, KAYName:CALLAHAN, KAYAddress:499 91ST STREETAddress:8490 LEOPOLD AVE.City-St-Zip:MARATHON, FLCity-St-Zip:NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. CALLAHAN DPT 04/22/2006