2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

changed, or on an attachr

SIGNATURE: X

Jan 24, 2007 08:00 AM **Secretary of State DOCUMENT # S84329** 1. Entity Name ACCUSONIC INC. Principal Place of Business Mailing Address 3097 S.W. 132ND PL. 3097 S.W. 132ND PL. MIAMI, FL 33175 US MIAMI, FL 33175 US No Chg-P CR2E034 (11/05) 01102007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0290313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAPADULA, ENRIQUE DO NOT WRITE 3097 SW, 132 PL. **MIAMI, FL 33175** 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DPST LAPADULA, ENRIQUE JR. NAME STREET ADDRESS 3097 S.W 132 PL CITY+ST-ZIP MIAMI, FL 000000599906 01/25/07-80046-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

URE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR

Daytime Phone #

FILED