## 20-6-FOR PROFIT CORPORATION **ANNUAL REPORT**

COY-ST-ZIP

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # V10957 1. Entity Name THRUST TECH, INC. Principal Place of Business Malling Address 6600 CYPRESS ROAD 6600 CYPRESS ROAD **UNIT 410 UNIT 410** PLANTATION, FL 33317 PLANTATION, FL 33317 02202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0314386 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent EPSTEIN, MORTON C. DO NOT WRITE 6600 CYPRESS ROAD **UNIT 410** IN THIS SPACE PLANTATION, FL 33317 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, typed or printed name of registered agent and title if applicable DATE IND/E Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing U00000504108 Trust Fund Contribution. Added to Fees 64/26/06-30058-021 150.00 OFFICERS AND DIRECTORS 10. TITLE EPSTEIN, MORTON C. NAME STREET ADDRESS 6600 CYPRESS ROAD, UNIT 410 PLANTATION, FL 33317 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANIE STREET ADDRESS CITY-ST-21P TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 tike empowered.

HAME OF SIGNING OFFICER OR DIRECTOR

**FILED**