2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2006 08:00 AM Secretary of State DOCUMENT # V59920 1. Entity Name UNIPHAYS CORPORATION Mailing Address Principal Place of Business 77 SANDY HOOK P.O. BOX 35148 SARASOTA FL 34278 SARASOTA FL 34278-5148 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0385218 Not Applicat Zio Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD L. SHRINER Street Address (P.O. Box Number is Not Acceptable) 77 SANDY HOOK ROAD NORTH SARASOTA FL 34278 City 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 Signature, typed or printed name of registered agent and fitte if applicable (NOTE, Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Delete 71728 TITLE Change Addition SHRINER, RICHARD L MAAN NAME 000000536525 77 SANDY HOOK RD N STREET ADDRESS STREET ADDRESS 05/08/06-80095-024 150.00 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP 77721 ☐ Delete Change ☐ Addition TITLE 枞城 SHRINER, LINDA J. STREET ADDRESS 77 SANDY HOOK RD N STREET ADDRESS CHY-ST-ZIP SARASOTA FL CMY-ST-ZIP DILE ☐ Deirte Change titue Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME MANTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 Black 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

04-10-06

FILED