

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001834

FILED
Jul 12, 2006
Secretary of State

Entity Name: SCHOELLER WAVIN SYSTEMS, INC.

Current Principal Place of Business:

5401 WEST KENNEDY STREET, SUITE 711
TAMPA, FL 33609

New Principal Place of Business:

4927 95TH STREET
D
TACOMA, WA 98499

Current Mailing Address:

P.O BOX 13052
TAMPA, FL 33681

New Mailing Address:

P.O BOX 99057
LAKEWOOD, WA 98499 09

FEI Number: 59-3634227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, NANCY J
5401 WEST KENNEDY STREET, SUITE 711
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MEIJERINK, JAN
4927 95TH STREET SW
D
TACOMA, FL 98499 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: JAN MEIJERINK

07/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SANDERS, NANCY J
Address: 5401 WEST KENNEDY STREET, SUITE 711
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: WOLFKAMP, RENE
Address: 5401 WEST KENNEDY STREET, SUITE 711
City-St-Zip: TAMPA, FL 33609

Title: P () Delete
Name: DE BOLEX, ERIK
Address: 5401 WEST KENNEDY STREET, SUITE 711
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEIJERINK, JAN
Address: 4927 95TH STREET SW SUITE D
City-St-Zip: TACOMA, WA 98499

Title: D (X) Change () Addition
Name: WOLFKAMP, RENE
Address: 4927 95TH STREET SW SUITE D
City-St-Zip: TACOMA, WA 98499

Title: D (X) Change () Addition
Name: DE BOLEX, ERIK
Address: 4927 95TH STREET SW SUITE D
City-St-Zip: TACOMA, WA 98499

Title: S () Change (X) Addition
Name: LINNA, KATI
Address: 4927 95TH STREET SW SUITE D
City-St-Zip: TACOMA, WA 98499

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: KATI LINNA

S

07/12/2006

Electronic Signature of Signing Officer or Director

Date