

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006024

FILED
Apr 12, 2006
Secretary of State

Entity Name: REMEL INC.

Current Principal Place of Business:

12150 SANTA FE DRIVE
LENEXA, KS 662153594

New Principal Place of Business:

12076 SANTA FE DRIVE
LENEXA, KS 662153594

Current Mailing Address:

LIBERTY LANE
HAMPTON, NH 03842

New Mailing Address:

FEI Number: 74-2826694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: DAVIS, LYNDON
Address: 12076 SANTA FE DRIVE
City-St-Zip: LENEXA, KS 66215 35

Title: DT () Delete
Name: MICHAUD, MICHAEL
Address: 30 PENHALLOW STREET
City-St-Zip: PORTSMOUTH, NH 03801

Title: P () Delete
Name: GARAY, SUSANNE
Address: 12150 SANTA FE DRIVE
City-St-Zip: LENEXA, KS 662153594

Title: D () Delete
Name: MEISTER, PAUL M
Address: LIBERTY LANE
City-St-Zip: HAMPTON, NH 03842

Title: AS (X) Delete
Name: MICHAUD, MICHAEL K
Address: 30 PENHALLOW STREET
City-St-Zip: PORTSMOUTH, NH 03801

Title: V (X) Delete
Name: CLARK, KEVIN P
Address: LIBERTY LANE
City-St-Zip: HAMPTON, NH 03842

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: CLARK, KEVIN P
Address: LIBERTY LANE
City-St-Zip: HAMPTON, NH 03842

Title: AS (X) Change () Addition
Name: MICHAUD, MICHAEL K
Address: LIBERTY LANE
City-St-Zip: HAMPTON, NH 03842

Title: VDS (X) Change () Addition
Name: MCCONNELL, SARAH H
Address: LIBERTY LANE
City-St-Zip: HAMPTON, NH 03842

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 K MICHAUD

AS

04/12/2006

Electronic Signature of Signing Officer or Director

_____ Date