2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # K20907

1. Entity Name
ADHESIVES TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
450 EAST COPANS ROAD POMPANO BEACH, FL 33064	450 EAST COPANS ROAD POMPANO BEACH, FL 33064

01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0053295

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, R. HART
450 EAST COPANS RD
POMPANO BEACH, FL 33064

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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: _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10 OFFICERS AND DIRECTORS

TITLE	PT
NAME	MCINTYRE, R. HART
STREET ADDRESS	450 EAST COPANS ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	S
NAME	SABGA, EMILE
STREET ADDRESS	450 EAST COPANS ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	C
NAME	STRUL, AUBREY M.
STREET ADDRESS	450 EAST COPANS ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80031-003 158.75

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR