

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90033 025 ***150.00

DOCUMENT # P02000044263
 1. Entity Name
 FILTRATION ADVICE, INC.



Principal Place of Business
 3155 CANTERBURY DR
 BOCA RATON, FL 33434

Mailing Address
 P.O. BOX 5031
 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
 02-0584876

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HORST, DIRK TER
 3155 CANTERBURY DR
 BOCA RATON, FL 33434

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORST, DIRK TER <i>Ter Horst, Dirk</i> 3155 CANTERBURY DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENDO, ANGEL 3155 CANTERBURY DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STROUD, NICHOLAS 3155 CANTERBURY DR BOCA RATON, FL 33434
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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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 reports 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: *Dirk Ter Horst* **DIRK TER HORST** 1/9/08 9549775220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #