2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000050719

Entity Name: LIQUID TECH, INC.

Current Principal Place of Business:

1485 LAKE GROVES ROAD N.W.
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 582
LAKE PLACID, FL 338620582

New Mailing Address:

FEI Number: 61-1564599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAPONTE, LAWRENCE
1544 SPRING LANE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

HELMS, ALICIA M
8 TEMPLE AVENUE
LAKE PLACID, FL 33852 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: ALICIA HELMS 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: DAPONTE, LAWRENCE
Address: 1485 LAKE GROVES ROAD N.W.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S, D ( ) Delete
Name: DAPONTE, LAURI K
Address: 1485 LAKE GROVES ROAD N.W.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: T, D ( ) Delete
Name: HELMS, ALICIA M
Address: 1485 LAKE GROVES ROAD N.W.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VPD ( ) Delete
Name: HELMS, ROGER N
Address: 1485 LAKE GROVES ROAD N.W.
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: HELMS, ALICIA M
Address: 1485 LAKE GROVES ROAD N.W.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S, D (X) Change ( ) Addition
Name: HELMS, ALICIA M
Address: 1485 LAKE GROVES ROAD N.W.
City-St-Zip: LAKE PLACID, FL 33852 US

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

Title: VPD (X) Change ( ) Addition
Name: HELMS, ALICIA M
Address: 1485 LAKE GROVES ROAD N.W.
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information supplied with this filing does not qualify 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: ALICIA HELMS PD 04/30/2009
Electronic Signature of Signing Officer or Director Date