2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90168 005 ***150.00

DOCUMENT # 820713

1. Entity Name
DURAMAX, INC.

Principal Place of Business	Mailing Address
16025 JOHNSON STREET MIDDLEFIELD, OH 44062	P.O. BOX 67 MIDDLEFIELD, OH 44062

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
16910 MUNN ROAD Suite, Apt. #, etc.	16910 MUNN ROAD Suite, Apt. #, etc.
City & State: CHAGRIN FALLS, OH	City & State: CHAGRIN FALLS, OH
Zip: 44023 Country: USA	Zip: 44023 Country: USA

4. FEI Number 34-0317950 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, P.C. JR 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR COGNET, MICHEL 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GREENBERG, RUSSELL J 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BENETREAU, JACQUES 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GREENBERG, GREGORY L 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY COUTURE, STEPHANIE 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUTTITTA, LOUIS J 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PRESIDENT BUTTITTA, LOUIS J 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS WEBB, CHRISTOPHER K 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WEBB, CHRISTOPHER K. 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERICK, DANIEL G 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT PASTORE, CARMEN 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	☐ Change ☒ Addition

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: _____ Christopher Webb 4/26/06 (330)819-8916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #