

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED
04-20-2007 90092 002 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSL

DOCUMENT # K20907 1. Entity Name ADHESIVES TECHNOLOGY CORPORATION					
Principal Place of Business 450 EAST COPANS ROAD POMPANO BEACH, FL 33064				Mailing Address 450 EAST COPANS ROAD POMPANO BEACH, FL 33064	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PT MCINTYRE, R. HART 450 EAST COPANS ROAD POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SABGA, EMILE 450 EAST COPANS ROAD POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STRUL, AUBREY M. 450 EAST COPANS ROAD POMPANO BEACH, FL 33064	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / TREASURER DAVE PLEBAN 450 EAST COPANS ROAD POMPANO BEACH, FL 33064	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ 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 an other like empowered.					
SIGNATURE: <i>[Signature]</i> 4-17-07 954-782-2221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Document corrected per Susan Parkam. PSL