

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 270419

FILED
Mar 24, 2009
Secretary of State

Entity Name: BEACON TECHNICAL INDUSTRIES, INC.

Current Principal Place of Business:

5887 GLENRIDGE DRIVE
SUITE 130
ATLANTA, GA 30328 US

New Principal Place of Business:

Current Mailing Address:

5887 GLENRIDGE DRIVE
SUITE 130
ATLANTA, GA 30328 US

New Mailing Address:

FEI Number: 59-1024380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOULE BRUCE
7075 GRENVILLE ROAD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

SOULE, BRUCE D CPA
7075 GRENVILLE ROAD
TALLAHASSEE, FL 32309 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: BRUCE D. SOULE

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FARRELL, MICHAEL J
Address: 840 HAMPTON BLUFF DR.
City-St-Zip: ALPHARETTA, GA 30004 US

Title: V () Delete
Name: GOLLNER, JOHN M
Address: 1425 SILVER FOX RUN
City-St-Zip: WOODSTOCK, GA 30188 US

Title: D () Delete
Name: ALEXANDER, ROBERT
Address: 6929 E. SHORECREST DRIVE
City-St-Zip: ANAHEIM HILLS, CA 92807 US

Title: S () Delete
Name: CUVIELLO, PAMELA J
Address: 1002 DUNBAR DRIVE
City-St-Zip: DUNWOODY, GA 30338 US

Title: D () Delete
Name: WILLIAMMEE, JOHN T
Address: 2380 S RIVER ROAD
City-St-Zip: MELBOURNE, FL 32951

Title: PD () Delete
Name: SMITH, TERRY P
Address: 4351 BRIDGEHAVEN DRIVE
City-St-Zip: SMYRNA, GA 30080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: PAMELA J. CUVIELLO

S

03/24/2009

Electronic Signature of Signing Officer or Director

Date