

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 489661

FILED
Apr 24, 2008
Secretary of State

Entity Name: AHIMSA TECHNIC, INCORPORATED

Current Principal Place of Business:

440 WESTERN RD
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 291278
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-1655496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, ROBERT R.
440 WESTERN RD
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BULLARD, ROBERT R.,
Address: P O BOX 29278
City-St-Zip: PORT ORANGE, FL 32129

Title: ST () Delete
Name: PAUL, JAN
Address: P O BOX 291261
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BULLARD, ROBERT R
Address: P O BOX 291278
City-St-Zip: PORT ORANGE, FL 321291278

Title: ST (X) Change () Addition
Name: PAUL, JANIS
Address: P O BOX 291261
City-St-Zip: PORT ORANGE, FL 321291261

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: ROBERT R. BULLARD

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date