


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 686186 1. Entity Name THERMAL BRAZE, INC.	
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Principal Place of Business 230 JUNO ST JUPITER, FL 33458	Mailing Address 230 JUNO ST JUPITER, FL 33458
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04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2023503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATCHELDER, IVAN B
58 WATERWAY ROAD
JUPITER, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOGUE, DAVID 19214 WATERWAY RD JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATCHELDER, IVAN B 59 WATERWAY ROAD JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BATCHELDER, BETTY J 59 WATERWAY ROAD JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUE, DAVID, III 89 FAIRVIEW EAST JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/06-80107-025 150.00

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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:  Betty J. Batchelder 4/18/06 561/746-820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #