


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 686186 1. Entity Name THERMAL BRAZE, INC.				Apr 23, 2008 08:00 Secretary of State	
Principal Place of Business 231 VENUS ST JUPITER, FL 33458		Mailing Address 231 VENUS ST JUPITER, FL 33458			
DO NOT WRITE IN THIS SPACE				<div>04222008 No Chg-P CR2E034 (11/05)</div> <div>4. FEI Number 59-2023503</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
				<div>Applied For Not Applicable</div>	
6. Name and Address of Current Registered Agent BATCHELDER, IVAN B 59 WATERWAY ROAD JUPITER, FL 33469				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		U00000922640 05/15/08-80055-010 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE	PD				
NAME	BATCHELDER, IVAN B				
STREET ADDRESS	59 WATERWAY RD				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE	VPD				
NAME	VREELAND, ELISA F				
STREET ADDRESS	5956 WHIRLAWAY RD				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				
TITLE	VPD				
NAME	WISE, DAVID E				
STREET ADDRESS	49 LAUREL PARK CR.				
CITY-ST-ZIP	TEQUESTA, FL 33469				
TITLE	D				
NAME	BATCHELDER, BETTY J				
STREET ADDRESS	59 WATERWAY RD				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE	D				
NAME	BATCHELDER, LEE ANN				
STREET ADDRESS	1056 SPRING LOOP WAY				
CITY-ST-ZIP	WINTER GARDEN, FL 34787				
TITLE	TS				
NAME	PEAK, MICHAEL J				
STREET ADDRESS	4503 SE CHESAPEAKE BAY DR				
CITY-ST-ZIP	STUART, FL 34997				
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: <i>Michael Peak</i> MICHAEL I PEAK		Date: 4/22/07		Daytime Phone: 561-746-8208	