



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90168 005 \*\*\*150.00

<b>DOCUMENT # 820713</b> 1. Entity Name <b>DURAMAX, INC.</b>					
Principal Place of Business <b>16025 JOHNSON STREET MIDDLEFIELD, OH 44062</b>			Mailing Address <b>P.O. BOX 67 MIDDLEFIELD, OH 44062</b>		
2. Principal Place of Business <b>16910 MUNN ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>16910 MUNN ROAD</b> Suite, Apt. #, etc.			
City & State <b>CHAGRIN FALLS, OH</b> Zip <b>44023</b>		City & State <b>CHAGRIN FALLS, OH</b> Zip <b>44023</b>		4. FEI Number <b>34-0317950</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, P.C. JR 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR COGNET, MICHEL 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GREENBERG, RUSSELL J 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BENETREAU, JALQUES 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREENBERG, GREGORY L 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LOUTURE, STEPHANIE 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUTTITTA, LOUIS J 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PRESIDENT BUTTITTA, LOUIS J 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS WEBB, CHRISTOPHER K 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WEBB, CHRISTOPHER K. 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERICK, DANIEL G 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PASTORE, CARMEN 16910 MUNN ROAD CHAGRIN FALLS, OH 44023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 all other like empowered.					
<b>SIGNATURE:</b>  <b>Christopher Webb</b> <b>4/26/06</b> <b>(800) 849-8916</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					