


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90018 050 ***550.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # 837219 1. Entity Name TECH-AEROFOAM PRODUCTS, INC. | | | |  | |
| Principal Place of Business 1264 C LAQUINTO DRIVE ORLANDO, FL 32809 | | | Mailing Address 1264 C LAQUINTO DRIVE ORLANDO, FL 32809 | | |
| 2. Principal Place of Business 1264D LA QUINTA DRIVE | | 3. Mailing Address 1264D LA QUINTA DRIVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORLANDO FL | | City & State ORLANDO FL | | 4. FEI Number 59-1693932 | |
| Zip 32809 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROWLEY, WARREN 1264 C LAQUINTO DRIVE ORLANDO, FL 32809 | | 7. Name and Address of New Registered Agent Name LINDA MCCORMICK Street Address (P.O. Box Number is Not Acceptable) 1264D LA QUINTA DRIVE City ORLANDO FL Zip Code 32809 | | | |
| 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 <u><i>Linda McCormick</i></u> 7/20/05 <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 \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JAMES, CHARLIE 1264 C LAQUINTO DRIVE ORLANDO, FL 32809 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1264D LA QUINTA DRIVE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO ROWLEY, WARREN 1264 C LAQUINTO DRIVE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO MCCORMICK, LINDA 1264D LA QUINTA DRIVE ORLANDO FL 32809 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CLINE, RICH 3551 NW 116TH STREET MIAMI, FL 33167 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOFFMAN, JEFFREY 300 PLAZA DRIVE VESTAL, NY <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VESTAL NY 13850 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Linda McCormick</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 7/20/05 <small>Date Daytime Phone #</small> | | |

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06292005 Chg-P CR2E034 (10/03)