

2005 FOR PROFIT CORPORATION ANNUAL REPORT


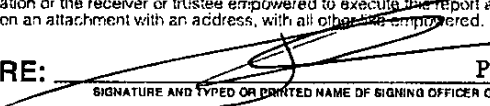
FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90037 043 ***150.00

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07132005 Chg-P CR2E034 (10/03)

DOCUMENT # F02000005233			
1. Entity Name MARCH PLASMA SYSTEMS, INC.			
Principal Place of Business 2470-A BATES AVE CONCORD, CA 94520		Mailing Address 2762 LOCKER AVE W CARLSBAD, CA 92009	
2. Principal Place of Business		3. Mailing Address 2762 Locker Ave. W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Carlsbad, CA	
Zip	Country	Zip 92009	Country 92010
4. FEI Number 68-0018641		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDER, GERALD E 12000 28TH ST N SAINT PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 112th Circle N, Ste. 1200 City St. Petersburg FL Zip Code 33716	
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 rechartering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, ROBERT A 28601 CLEMENS ROAD WESTLAKE, OH 44145 <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	D CAMPBELL, EDWARD P 28601 CLEMENS ROAD WESTLAKE, OH 44145 <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 VEILLETTE, ROBERT E 28601 CLEMENS ROAD WESTLAKE, OH 44145 <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	T CUSHING, RAYMOND L 28601 CLEMENS ROAD WESTLAKE, OH 44145 <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	P BIERHUIS, PETER 2470-A BATES AVE CONCORD, CA 94520 <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 information.			
SIGNATURE: 		Peter Bierhuis	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 07/15/05 Daytime Phone # 925-827-1240	