

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005310

1. Entity Name
IWT TESORO CORPORATION



Principal Place of Business

**191 POST ROAD WEST
#10
WESTPORT, CT 06880**

Mailing Address

**191 POST ROAD WEST
#10
WESTPORT, CT 06880**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
91-2048019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, GAYLE
2101 NW BOCA RATON BLVD.
SUITE 1
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable

(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	CEO
NAME	BOUCHER, HENRY J JR.
STREET ADDRESS	5 WICKS LANE
CITY-STATE-ZIP	WILTON, CT 06897
TITLE	DS
NAME	EDWARDS, JAMES R
STREET ADDRESS	13912 MERCADO DR.
CITY-STATE-ZIP	DEL MAR, CA 92014
TITLE	DVP
NAME	BOUCHER, PAUL F
STREET ADDRESS	3500 SW 42ND AVENUE
CITY-STATE-ZIP	PALM CITY, FL 34990
TITLE	DVP
NAME	PERNA, GREY
STREET ADDRESS	3500 SW 42ND AVENUE
CITY-STATE-ZIP	PALM CITY, FL 34990
TITLE	S
NAME	COLEMAN, GAYLE
STREET ADDRESS	2101 NW BOCA RATON BLVD. SUITE 1
CITY-STATE-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	EQUALE, JOSEPH A
STREET ADDRESS	51 TURTLE BACK RD
CITY-STATE-ZIP	WILTON, CT 06897

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04/04/06-80031-012 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2006

Date

203-221-2770

Daytime Phone #