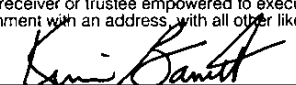


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90084 004 ***150.00

DOCUMENT # F05000001850					
1. Entity Name THERMASYS FINANCE COMPANY					
Principal Place of Business 2776 GUNTER PARK DRIVE, EAST, STE. R-S MONTGOMERY, AL 36109			Mailing Address 2776 GUNTER PARK DRIVE, EAST, STE. R-S MONTGOMERY, AL 36109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2292577	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME METZ, CHRIS STREET ADDRESS 5200 TOWN CENTER CIRCLE, STE. 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE D NAME KUEHN, CASE STREET ADDRESS 5200 TOWN CENTER CIRCLE, STE. 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☒ Delete		TITLE ① NAME Walkers, Rick STREET ADDRESS 5200 Town Center Circle, Ste. 470 CITY-STATE-ZIP Boca Raton, FL 33486	☐ Change ☒ Addition	
TITLE VPAS NAME MCCANVERG, MICHAEL STREET ADDRESS 5200 TOWN CENTER CIRCLE, STE. 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE VPAS NAME FEINBLAUM, KEVIN STREET ADDRESS 5200 TOWN CENTER CIRCLE, STE. 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE CEOP NAME SCHMUTZ, PAUL STREET ADDRESS 2776 CENTER PARK DR E., SUITE ER-S CITY-STATE-ZIP MONTGOMERY, AL 36109	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE CEOV NAME BARRETT, KEVIN STREET ADDRESS 2776 CENTER PARK DR E., SUITE ER-S CITY-STATE-ZIP MONTGOMERY, AL 36109	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ 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.					
SIGNATURE: 			Date 4/30/07 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40105476



04262007 Chg-P CR2E034 (12/06)