2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# F05000005288

Entity Name: APPLIED TECHNIQUES CORPORATION

Current Principal Place of Business:

10800 LATHROP LN NW
SILVERDALE, WA 983837371

New Principal Place of Business:

Current Mailing Address:

10800 LATHROP LN NW
SILVERDALE, WA 983837371

New Mailing Address:

FEI Number: 91-2104360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASS, WM. T.
1277 SOLOMON CIRCLE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTC ( ) Delete
Name: MALLEY, BONITA
Address: P.O. BOX 1007
City-St-Zip: SILVERDALE, WA 983831007

Title: VPVC ( ) Delete
Name: MALLEY, WALTER
Address: P.O. BOX 1007
City-St-Zip: SILVERDALE, WA 983831007

Title: S ( ) Delete
Name: MALLEY, WALTER
Address: P.O. BOX 1007
City-St-Zip: SILVERDALE, WA 983831007

Title: D ( ) Delete
Name: KRAUS, ROGER
Address: 2252 RAVENNA CT
City-St-Zip: WALDORF, MD 20603

Title: D ( ) Delete
Name: KRAUS, CYNTHIA
Address: 2252 RAVENNA CT
City-St-Zip: WALDORF, MD 20603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONITA MALLEY PRES 07/06/2007

Electronic Signature of Signing Officer or Director Date