2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003337

Entity Name: POLYFOAM PRODUCTS, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11715 BOUDREAUX RD. TOMBALL, TX 77375

Current Mailing Address: New Mailing Address:

P. O. BOX 1539 TOMBALL, TX 773771539

FEI Number: 76-0285054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM MARTINEZ, RHONDA
1200 SOUTH PINE ISLAND ROAD 11715 BOUDREAUX ROAD
PLANTATION, FL 33324 US TOMBALL, FL 77375 US

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: RHONDA MARTINEZ 02/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HUBER, E. RICHARD
 Name:
 KOLLER, MICHAEL

 Address:
 11715 BOUDREAUX RD.
 Address:
 11715 BOUDREAUX RD.

 City-St-Zip:
 TOMBALL, TX 77375
 City-St-Zip:
 TOMBALL, TX 77375

 $\label{eq:title:Title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 MURRAY, PAT
 Name:

 Address:
 11715 BOUDREAUX RD.
 Address:

 City-St-Zip:
 TOMBALL, TX 77375
 City-St-Zip:

Title: ST (X) Delete Title: () Change () Addition

 Name:
 MARTINEZ, RHONDA
 Name:

 Address:
 11715 BOUDREAUX RD.
 Address:

 City-St-Zip:
 TOMBALL, TX 77375
 City-St-Zip:

Title: VD (X) Delete Title: () Change () Addition

 Name:
 FERRANTE, RÖBERT
 Name:

 Address:
 11715 BOUDREAUX RD.
 Address:

 City-St-Zip:
 TOMBALL, TX 77375
 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: MICHAEL KOLLER P 02/04/2009