

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90193 031 ***150.00

DOCUMENT # F19488							
1. Entity Name TECBUILD, INC.							
Principal Place of Business 370 CENTER POINTE CIRCLE STE 1136 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 370 CENTER POINTE CIRCLE STE 1136 ALTAMONTE SPRINGS, FL 32701 US				
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 59-2141631			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			7. Name and Address of New Registered Agent				
PASQUALETTI, JOSEPH 370 CENTER POINTE CIRCLE STE 1136 ALTAMONTE SPRINGS, FL 32701			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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PVTD	<input type="checkbox"/> Delete	TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASQUALETTI, JOSEPH		NAME				
STREET ADDRESS	370 CENTER POINTE CIRCLE STE 1136		STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, PETER E		NAME	370 Centerpointe Cir, Suite 1136			
STREET ADDRESS	370 CENTERPOINTE CIR., SUITE 186		STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASQUALETTI, JOSEPH P		NAME				
STREET ADDRESS	370 CENTERPOINTE CIR., SUITE 1136		STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KYNASTON, NEIL		NAME				
STREET ADDRESS	370 CENTER POINTE CIR., SUITE 1136		STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEST, B. ALLEN		NAME				
STREET ADDRESS	370 CENTER POINTE CIR., SUITE 1136		STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 		4/24/07		(407) 834-9560			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			