


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90011 022 ***150.00

DOCUMENT # F19488 1. Entity Name TECBUILD, INC.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02182008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2141631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PASQUALETTI, JOSEPH 370 CENTER POINTE CIRCLE STE 1136 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Mary Walsh Street Address (P.O. Box Number is Not Acceptable) 370 Centerpointe Cir., #1136 City Altamonte Springs FL Zip Code 32701
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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 <u>Mary Walsh</u> DATE <u>2/27/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: <u>2/27/2008</u> <u>407834-9560</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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