

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90616

FILED
Mar 21, 2006
Secretary of State

Entity Name: TECHNICAL SALES & APPLICATIONS, INC.

Current Principal Place of Business:

185 S CENTRAL AVNEUE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

185 S. CENTRAL AVENUE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2206263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLEY, DARIA
185 SOUTH CENTRAL AVENUE
OVIEDO, FL 32765 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLEY, DARIA
Address: 185 S. CENTRAL AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: NEAL, BRUCE
Address: 1184 BALTIC LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: NEAL, NINA M
Address: 1184 BALTIC LANE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NEAL, BRUCE
Address: 607 SUNRISE AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S (X) Change () Addition
Name: NEAL, NINA M
Address: 607 SUNRISE AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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: DARIA BOLEY

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date