


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 AUG 31 PM 12:10

<b>DOCUMENT # F93000002507</b> 1. Entity Name <b>WELD-ON ADHESIVES, INC.</b>					
Principal Place of Business <b>17109 S. MAIN ST. GARDENA, CA 90248</b>		Mailing Address <b>17109 S. MAIN ST. GARDENA, CA 90248</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>95-4354983</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to <b>STONISPER, INC.</b> and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, NARESH 17109 S. MAIN ST. GARDENA, CA 90248 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BESCOBY, ERIC 17109 S. MAIN ST GARDENA CA 90248		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Delete CROSS, ROBERT L 17109 SOUTH MAIN STREET GARDENA, CA 90248	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CROSS, ROBERT L 455 W. VICTORIA ST COMPTON CA 90220		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TYLER, WAT H 17109 SOUTH MAIN STREET GARDENA, CA 90248	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALPERT, TED 455 W. VICTORIA ST COMPTON CA 90220		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HUMBER, JEFF 202 INDUSTRIAL PARK LN COLLIERVILLE, TN 38017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SMITH, RORY 50 KENNEDY PLAZA 12 <sup>TH</sup> FLOOR PROVIDENCE RI 02903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete MANNERINO, ERNIE 202 INDUSTRIAL PARK LANE COLLIERVILLE, TN 38017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HILL, DOUG 50 KENNEDY PLAZA 12 <sup>TH</sup> FLOOR PROVIDENCE RI 02903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete GORDIN, GARY 202 INDUSTRIAL PARK LANE COLLIERVILLE, TN 38017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PEARSON, NATHAN 50 KENNEDY PLAZA 12 <sup>TH</sup> FLOOR PROVIDENCE RI 02903		
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: _____ <i>Asst Sec</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					