


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90179 001 ***300.00

66021206



DOCUMENT # F93000002507					
1. Entity Name WELD-ON ADHESIVES, INC.					
Principal Place of Business 17109 S. MAIN ST. GARDENA, CA 90248		Mailing Address 17109 S. MAIN ST. GARDENA, CA 90248			
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-4354983	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name <i>Same</i> 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 _____ <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, NARESH		NAME	ERIC BESCOBY	
STREET ADDRESS	17109 S. MAIN ST.		STREET ADDRESS	17109 S. MAIN ST.,	
CITY-ST-ZIP	GARDENA, CA 90248		CITY-ST-ZIP	GARDENA, CA 90248	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	CEO, Treasurer, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, ROBERT		NAME	Richard Sanzari	
STREET ADDRESS	455 W VICTORIA ST		STREET ADDRESS	455 W. Victoria St.	
CITY-ST-ZIP	COMPTON, CA 90220		CITY-ST-ZIP	Compton, CA 90220	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, WAT H		NAME	Edward Le Blanc	
STREET ADDRESS	17109 SOUTH MAIN STREET		STREET ADDRESS	2509 Bramley Woods Ln.	
CITY-ST-ZIP	GARDENA, CA 90248		CITY-ST-ZIP	Greensboro, NC 27410	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RORY		NAME	Alan Barry	
STREET ADDRESS	50 KENNEDY PLAZA 12TH FL		STREET ADDRESS	3833 Cove Circle	
CITY-ST-ZIP	PROVIDENCZ, RI 02903		CITY-ST-ZIP	Commerce Township, MI 48392	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DOUG		NAME	Tracy Bilbrough	
STREET ADDRESS	50 KENNEDY PLAZA 12TH FL		STREET ADDRESS	112 Kingsport Road	
CITY-ST-ZIP	PROVIDENCZ, RI 02903		CITY-ST-ZIP	Holly Springs, NC 27540	
TITLE	PEAR	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONL, NATHAN		NAME	Thomas Fitzmeyers	
STREET ADDRESS	50 KENNEDY PLAZA 12TH FL		STREET ADDRESS	5956 W. Las Positas Blvd.	
CITY-ST-ZIP	PROVIDENCZ, RI 02903		CITY-ST-ZIP	Pleasanton, CA 94588	
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>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Richard Sanzari</i>		Date: <i>7/11/07</i> ☎ 310-898-3303	