## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000006648

FITZGERALD, WILLIAM

68 CRESTVIEW CIRCLE

LONGMEADOW, MA

Name:

Address:

City-St-Zip:

Entity Name: THERMAL STRUCTURES INC

FILED Jul 06, 2004 Secretary of State

Littly Name: THERMAL STRUCTURES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
31 BENTO EAST LON	N DRIVE IGMEADOW,	MA 01028			
Current Mailing Address:			New Mailing Address:		
31 BENTO EAST LON	N DRIVE IGMEADOW,	MA 01028			
FEI Number	: 04-2662278	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PAQUIN, F 167B BRIS NAPLES, F	STOL LANE	us			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDT ( PAQUIN, GAR BEEBE ROAD MONSON, MA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD ( PAQUIN, RAY 167B BRISTO NAPLES, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PAQUIN, JEFI	RINGS AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	С (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY PAQUIN PRES 07/06/2004