


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 050 \*\*\*158.75

<b>DOCUMENT # F95000001516</b>	
1. Entity Name <b>THERMAL ENGINEERING CONSTRUCTION SERVICES INC.</b>	

Principal Place of Business <b>550B BROOKSHIRE ROAD GREER, SC 29651 US</b>	Mailing Address <b>550B BROOKSHIRE ROAD GREER, SC 29651 US</b>
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2. Principal Place of Business - No P.O. Box # <b>170 Tucapau Rd.</b>	3. Mailing Address <b>170 Tucapau Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Duncan SC</b>	City & State <b>Duncan, SC</b>
Zip <b>29334</b>	Zip <b>29334</b>
Country	Country



01192007 Chg-P CR2E034 (12/06)

4. FEI Number <b>57-1016262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>PRES/SEC/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NAUGHTON, DALE</b>		NAME <b>170 TUCAPAU RD.</b>	
STREET ADDRESS <b>550 B BROOKSHIRE ROAD</b>		STREET ADDRESS <b>DUNCAN, SC 29334</b>	
CITY-ST-ZIP <b>GREER, SC 29651</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZWOLAK, JOHN</b>		NAME <b>170 TUCAPAU RD.</b>	
STREET ADDRESS <b>550B BROOKSHIRE ROAD</b>		STREET ADDRESS <b>DUNCAN, SC 29334</b>	
CITY-ST-ZIP <b>GREER, SC 29651</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP/TREAS/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEEMAN, SCOTT</b>		NAME <b>55 FERNCREFT RD.</b>	
STREET ADDRESS <b>550B BROOKSHIRE ROAD</b>		STREET ADDRESS <b>DANVERS, MA 01923</b>	
CITY-ST-ZIP <b>GREER, SC 29651</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D/ASST. SEC.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRANTL, JAMES</b>		NAME <b>55 FERNCREFT RD.</b>	
STREET ADDRESS <b>5 NEPONSET STREET</b>		STREET ADDRESS <b>DANVERS, MA 01923</b>	
CITY-ST-ZIP <b>WORCESTER, MA 01606</b>		CITY-ST-ZIP	
TITLE <b>VPAT</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRARDANO, ANTHONY A</b>		NAME <b>PAUL MANNION</b>	
STREET ADDRESS <b>82 CAMBRIDGE STREET</b>		STREET ADDRESS <b>170 TUCAPAU RD</b>	
CITY-ST-ZIP <b>BURLINGTON, MA 01803</b>		CITY-ST-ZIP <b>DUNCAN, SC 29334</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Dale Naughton 1-19-07 844-485-0601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #