2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# F95000004632

Entity Name: EPOXY TECHNOLOGY INC.

Current Principal Place of Business:

14 FORTUNE DRIVE
BILLERICA, MA 01821

New Principal Place of Business:

Current Mailing Address:

14 FORTUNE DRIVE
BILLERICA, MA 01821

New Mailing Address:

FEI Number: 04-2399999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KULESZA, DAVID M
19830 HIAWATHA ROAD
ODESSA, FL 33556 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: O/D ( ) Delete
Name: KULESZA, FRANK W
Address: 14 FORTUNE DRIVE
City-St-Zip: BILLERICA, MA 01821

Title: D ( ) Delete
Name: KULESZA, HELEN
Address: 14 FORTUNE DRIVE
City-St-Zip: BILLERICA, MA 01821

Title: O ( ) Delete
Name: HORNE, ANDREW R
Address: 14 FORTUNE DRIVE
City-St-Zip: BILLERICA, MA 01821

Title: D ( ) Delete
Name: CRAWFORD, MICHAEL
Address: 14 FORTUNE DRIVE
City-St-Zip: BILLERICA, MA 01821

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change ( ) Addition
Name: HORNE, ANDREW R
Address: 14 FORTUNE DRIVE
City-St-Zip: BILLERICA, MA 01821

Title: D (X) Change ( ) Addition
Name: KULESZA, DAVID M
Address: 19830 HIAWATHA ROAD
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change ( ) Addition
Name: CRAWFORD, CAROL
Address: 16 KEYSTONE WAY
City-St-Zip: ANDOVER, MA 01810

Title: D ( ) Change (X) Addition
Name: CRAWFORD, MICHAEL
Address: 16 KEYSTONE WAY
City-St-Zip: ANDOVER, MA 01810

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW R HORNE O 01/11/2008

Electronic Signature of Signing Officer or Director Date