2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003047

City-St-Zip:

ARCADIA, CA 91007

Entity Name: THORPE TECHNOLOGIES INC

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
9905 S PAINTER AVE., STE. D WHITTIER, CA 90605			449 W. ALLEN AVE. SUITE 119 SAN DIMAS, CA 91773	3	
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
9905 S PAINTER AVE., STE. D WHITTIER, CA 90605			449 W. ALLEN AVE. SUITE 119 SAN DIMAS, CA 91773	3	
FEI Number:	: 33-0306916	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1201 HAYS	NTICE-HALL C S STREET SSEE, FL 323	ORPORATION SYSTEM, INC			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALLEN, JOHN E 251 61ST STRI		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DST () CARPENTER, 1 3106 THREE B ST. GEORGE, I	ARS RD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () NEWBY, GARY 401 SAN LUIS		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: THOMAS A. CARPENTER DST 04/30/2009