2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51592

FILED Jan 05, 2009 Secretary of State

Entity Name: TECH SYSTEMS WATERPROOFING, INC.

Current P	rincipal Place	of Business:	New Principal Place	e of Business:
	ORA ROAD RNE, FL 32935	S US		
Current N	lailing Addres	s:	New Mailing Addres	ss:
	ORADO WAY RNE, FL 32934	ı		
FEI Number	: 59-2538182	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Surrent Registered Agent:	Name and Address	of New Registered Agent:
	HOMAS ORADO WAY RNE, FL 32935	5 US		
The above		submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
in the State	e or i fortua.			
in the State	RE:	iic Signature of Registered Ag	ent	Date
in the State	RE:Electron	ic Signature of Registered Ago	ent	Date
in the State SIGNATUI	RE:Electron	g Trust Fund Contribution ().		Date BES TO OFFICERS AND DIRECTORS
in the State SIGNATUI Election Car OFFICER Title: Name: Address:	RE: Electron mpaign Financing S AND DIREC	Trust Fund Contribution (). TORS: Delete S H., DO WAY		
in the State SIGNATUI Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electron mpaign Financing S AND DIREC VP () CAMP, THOMA 4355 ELDORAL MELBOURNE, 1	TORS: Delete S.H., DO WAY FL Delete NCE P. DO WAY	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
in the State SIGNATUI	Electron mpaign Financing S AND DIREC VP () CAMP, THOMA 4355 ELDORAL MELBOURNE, I P () GEHM, LAUREI 4334 ELDORAL MELBOURNE, I	TORS: Delete S.H., DO WAY FL Delete NCE P. DO WAY FL 32934 Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	SES TO OFFICERS AND DIRECTORS () 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.

SIGNATURE: THOMAS CAMP VP 01/05/2009