

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H69858 1. Entity Name CONSUMABLE PLASMA PRODUCTS, INC.	
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Principal Place of Business 130 SOUTH ROAD CANAAN, NH 03741	Mailing Address 130 SOUTH ROAD CANAAN, NH 03741
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DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0402162	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCGRATH, BRENDA KAYE 320 10TH AVE. VERO BEACH, FL 32962
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	110000464057 03/21/06-80100-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGRATH, BRENDA K. 320 10TH AVE. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGRATH, DAVID M. 320 10TH AVE. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 I am an officer, director, receiver or trustee, or an attachment with an address, with an other like empowered.

SIGNATURE: <u>Brenda K. McGrath</u> Brenda K. McGrath	3/8/06	603-632-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #