

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33992

FILED
Apr 09, 2005
Secretary of State

Entity Name: THERAPEUTIC ENGINEERING, INC.

Current Principal Place of Business:

% RICHARD SAYRE
300 W MITCHELL HAMMOCK RD
OVIDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 622220
OVIDO, FL 32762 US

New Mailing Address:

FEI Number: 59-2720570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYRE, RICHARD
300 W. MITCHELL HAMMOCK RD.
OVIDO, FL 32765 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: DP () Delete
Name: SAYRE, RICHARD,
Address: 300 W. MITCHELL HAMMOCK RD.
City-St-Zip: OVIDA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SAYRE, RICHARD,
Address: 300 W. MITCHELL HAMMOCK RD.
City-St-Zip: OVIDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD SAYRE

DP

04/09/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date