


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90035 032 ***150.00

DOCUMENT # K20907	
1. Entity Name ADHESIVES TECHNOLOGY CORPORATION	

Principal Place of Business 450 EAST COPANS RD POMPANO BEACH, FL 33064 US	Mailing Address 450 EAST COPANS RD POMPANO BEACH, FL 33064 US
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DO NOT WRITE IN THIS SPACE

40060394



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0053295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCINTYRE, R. HART
450 EAST COPANS RD
POMPANO BEACH, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, R. HART 450 EAST COPANS RD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABGA, EMILE 450 EAST COPANS RD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUL, AUBREY M 450 EAST COPANS RD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PLEBAN, DAVE 450 EAST COPANS RD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David J. Pleban* President **3/19/08** 954-782-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID J. PLEBAN** Date Daytime Phone #