To:
Subject:

From: Patricia Tadlock

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90255 039 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K74520

1. Entity Name
APPLIED THERMAL TECHNOLOGIES, INC.

400077086

Principal Place of Business	Mailing Address
200 N. GARDEN AVE SUITE A CLEARWATER, FL 34615 US	906 B BOARDWALK SAN MARCOS, CA 92069 US

04132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
515 East Park	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: TALLAHASEEE FL	City & State
Zip: 32302 Country: USA	Zip / Country

4. FEI Number: 59-2935516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEEVAN, RONALD P. 200 N. GARDEN AVENUE SUITE A CLEARWATER, FL 34615	Name: Corp Direct Agents Inc. Street Address (P.O. Box Number is Not Acceptable): 515 East Park Ave City: TALLAHASSEE FL Zip Code: 32301

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: ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOWARD, BARBARA 906 B BOARDWALK SAN MARCOS, CA 92069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOWARD, KIMBERLY 906B BOARDWALK SAN MARCOS, CA 92069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Asst Sec. 4-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #