

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037154

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: POLYMER TESTING INSTRUMENTS, INC.

## Current Principal Place of Business:

2139 DOBBS ROAD  
#4  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

2139 DOBBS ROAD  
#4  
ST AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 34-1843787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIFFIN, KIM M  
6948 CYPRESS SPRING CT  
SAINT AUGUSTINE, FL 32086 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: P ( ) Delete  
Name: GIFFIN, KIM  
Address: 2139 DOBBS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VP ( ) Delete  
Name: GIFFIN, DOUGLAS  
Address: 2139 DOBBS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM GIFFIN

P

03/28/2007

Electronic Signature of Signing Officer or Director

Date