


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000095198	
1. Entity Name TRENCH TECHNICIANS, INC.	

Principal Place of Business 9950 S.E. 140 AVENUE DUNNELLON, FL 34431-7449	Mailing Address C/O LANIA, CPA 8982 TAFT STREET PEMBROKE PINES, FL 33024-4668
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D4252007 No Chg-P CR2E034 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1041796	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 OBIER, JAMES E C/O LANIA CPA 8982 TAFT ST HOLLYWOOD, FL 33024

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 _____ <small>Signature typed or printed name of registered agent and how it appears</small>	<small>(NONE registered Agent signature and when registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPS OBIER, JAMES E 9950 S.E. 140 AVENUE DUNNELLON, FL 344317449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIA, JOSEPH S 8932 TAFT STREET PEMBROKE PINES, FL 330244668
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05/15/07-80037-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <i>James E Obier</i> James E OBIER	04/25/2007 (352) 489-4447
<small>SIGNATURE AND TYPED OR PRINTED NAME OF VOUCHING OFFICER OR DIRECTOR</small>	<small>DATE</small>