


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000016253
 1. Entity Name
RESIN TECHNOLOGY, INC.



Principal Place of Business 131 BUSINESS CENTER DR. BLDG. A, UNIT 1 ORMOND BEACH, FL 32174	Mailing Address 131-A1 BUSINESS CENTER DR. BLDG. A, UNIT 1 ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3713774	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELLINGER, TRISHA L
 1265 WEST GRANADA BLVD SUITE 1
 ORMOND BEACH, FL 32174**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELLINGER, CARLA
STREET ADDRESS	1447 PECOS DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	DELLINGER, TRISHA L
STREET ADDRESS	1447 PECOS DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	DELLINGER, CARL L
STREET ADDRESS	2261 FAIRWAYS DRIVE
CITY-ST-ZIP	CHERRYVILLE, NC 28021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/11/06-80041-011 150.00

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: Carl A. Dellinger 4-27-06 386-677-8772