2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT. Jan 12, 2006 08:00 AN **DOCUMENT # P01000025761 Secretary of State** 1. Entity Name THERMO-MECHANICAL CORPORATION Principal Place of Business Mailing Address 8224 S. CORAL CIR. 8224 S. CORAL CIR. N. LAUDERDALE, FL 33068 N. LAUDERDALE, FL 33068 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1086151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HEIMERMANN, MARK 8224 S, CORAL CIR. N. LAUDERDALE, FL 33068 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 01-08-06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulted when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HEIMERMANN, MARK NAME STREET ADDRESS 8224 S. CORAL CIR N. LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE U00000383063 NAME 01/12/06-80038-013 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DDE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: 4

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR