

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048172

FILED
Apr 23, 2004
Secretary of State

Entity Name: TECHNICAL WALL SYSTEMS, INC.

Current Principal Place of Business:

11361 TRADE COURT
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11361 TRADE COURT
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3717919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAUSS, CHANCE
4724 SOUTHERN PACIFIC DR.
JACKSONVILLE, FL 32257 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: PS () Delete
Name: CLAUSS, CHANCE
Address: 4724 SOUTHERN PACIFIC DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: HOPPER, RICK
Address: 11361 TRADE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRU () Change (X) Addition
Name: CLAUSS, HARRY J
Address: 1131TRADE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC () Change (X) Addition
Name: CLAUSS, LORRAINE
Address: 11361 TRADE CT
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORRAINE CLAUSS

SEC

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date