

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000063383

1. Entity Name
TRU MENSION MANUFACTURING SOLUTIONS, INC.



Principal Place of Business
**3900 DOW ROAD
SUITE A
MELBOURNE, FL 32934**

Mailing Address
**3900 DOW ROAD
SUITE A
MELBOURNE, FL 32934**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3729621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISHER, MARC J
3900 DOW RD
STE A
MELBOURNE, FL 32934**

**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]* **MARC J FISHER** **OWNER** **2/19/07**
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, 2007 Fee will be \$550.00**

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

**U000000642989
03/01/07-80067-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEEHAN, KENNETH J
STREET ADDRESS	3900 DOW RD STE A
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	FISHER, MARC J
STREET ADDRESS	3900 DOW RD STE A
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **MARC J FISHER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07
Date

321-255-4665
Daytime Phone #