

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000012493**

1. Entity Name  
**TONSBERG MAGNESIUM GROUP, INC.**



Principal Place of Business

**400 S DIXIE HWY #121  
BOCA RATON, FL 33432**

Mailing Address

**400 S DIXIE HWY #121  
BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number

**90-0012989**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LETOURNEAU, CLAUDE  
400 S DIXIE HWY #121  
BOCA RATON, FL 33432**

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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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SP
NAME	LETOURNEAU, CLAUDE
STREET ADDRESS	4603 CAVANDISH DR
CITY-STATE-ZIP	TAMARAC, FL 33139
TITLE	VP
NAME	CHRISTIANSEN, STEIN
STREET ADDRESS	8294 NW TERR
CITY-STATE-ZIP	PARKLAND, FL 33067
TITLE	T,
NAME	EIKLAND, JOSTEIN
STREET ADDRESS	400 S DIXIE HWY #121
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000569003  
07/11/06-80008-012 150.00

**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:**

**CLAUDE LETOURNEAU, PRES. 7/7/06 561-620-0063**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #