

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103670

FILED
Apr 18, 2005
Secretary of State

Entity Name: TECHNICAL REMEDIES, INC.

Current Principal Place of Business:

200 W CAMINO REAL
BOCA RATON, FL 334325944

New Principal Place of Business:

Current Mailing Address:

PO BOX 273244
BOCA RATON, FL 334273244

New Mailing Address:

FEI Number: 75-3086306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KACHUR, DENISE J
1581 N.W. 10TH STREET
BOCA RATON, FL 334862010 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: PTD () Delete
Name: KACHUR, DENISE J
Address: 1581 N.W. 10TH STREET
City-St-Zip: BOCA RATON, FL 334862010

Title: VD () Delete
Name: KACHUR, WILLIAM M
Address: 1581 NW 10TH STREET
City-St-Zip: BOCA RATON, FL 334862010

Title: SD () Delete
Name: KACHUR, DAVID W
Address: 1581 NW 10TH STREET
City-St-Zip: BOCA RATON, FL 334862010

Title: D () Delete
Name: KACHUR, MICHAEL W
Address: 310 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DENISE J. KACHUR

PTD

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date