22004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000114536 1. Entity Name FILED AMERICAN THERMAL WIZARDS INTERNATIONAL, INC. 04 OCT 26 AM 10: 55 Principal Place of Business Mailing Address SECRETARY OF STATE 8715 SW 57TH STREET 8715 SW 57TH STREET FT. LAUDERDALE, FL 33328 FT. LAUDERDALE, FL 33328 2. Principal Pface of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 57-1135531 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, RAY I Street Address (P.O. Box Number is Not Acceptable) 8715 SW 57TH STREET FT. LAUDERDALE, FL 33328 City Zip Code FL 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 reinstating) DATE \$5.00 May 86 010042186543 Added to Fees/26/04-01053-003 **61.25 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Pof Sales Addition TITLE □ Delete TITLE ☐ Change SHEPPARD, RAY I NAME NAME David Lee Hanan **8715 SW 57TH STREET** STREET ADDRESS STREET ADDRESS 20296 Sw 85th Avence CITY-ST-7IP FT. LAUDERDALE, FL 33328 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME WAGNER, KENNETH F NAME STREET ADDRESS 206 GULFVIEW DRIVE STREET ADDRESS ISLAMORADA, FL 33036 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete TITLE 🔏 Change ☐ Addition NAME MILLER, RANDAL NAME **4011 TIMBER TRAIL** STREET ADDRESS STREET ADDRESS MEDINA, OH 44256 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition KIRSCHNER, ALLEN NAME NAME STREET ADDRESS 9798 HARBOUR LAKE CIRCLE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIF TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 tycsie empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. 10 m

G OFFICER OR DIRECTOR