

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000114536

FILED
Nov 09, 2005
Secretary of State

Entity Name: AMERICAN THERMAL WIZARDS INTERNATIONAL, INC.

Current Principal Place of Business:

12260 SW 53RD STREET #603
FT. LAUDERDALE, FL 33330

New Principal Place of Business:

3900 N.W. 79TH AVENUE
SUITE #526
MIAMI, FL 33166

Current Mailing Address:

12260 SW 53RD STREET #603
FT. LAUDERDALE, FL 33330

New Mailing Address:

3900 N.W. 79TH AVENUE
SUITE #526
MIAMI, FL 33166

FEI Number: 57-1135531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, RAY I
8715 SW 57TH STREET
FT. LAUDERDALE, FL 33328 US

Name and Address of New Registered Agent:

GLADE, CLIFFORD
86000 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

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: DR. CLIFFORD GLADE

11/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SHEPPARD, BRIAN K
Address: 10869 NW 46TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: SHEPPARD, RAY I
Address: 8715 SW 57TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: D () Delete
Name: WAGNER, KENNETH F
Address: 206 GULFVIEW DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: MILLER, RANDAL
Address: 4011 TIMBER TRAIL
City-St-Zip: MEDINA, OH 44256

Title: V (X) Delete
Name: HANAN, DAVID L
Address: 20296 SW 85TH AVENUE
City-St-Zip: MIAMI, FL 33189

Title: CPT (X) Delete
Name: SHEPPARD, RAY I
Address: 8715 SW 57 ST
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GLADE, CLIFFORD
Address: 86000 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036

Title: D (X) Change () Addition
Name: WAGNER, KENNETH F
Address: 206 GULFVIEW DRIVE
City-St-Zip: ISLAMORADA, FL 33026

Title: D (X) Change () Addition
Name: LECLAIR, JAMES
Address: 382 BATES ROAD
City-St-Zip: COVINGTON, GA 30014

Title: D (X) Change () Addition
Name: MILLER, RANDAL
Address: 4011 TIMBER TRAIL
City-St-Zip: MEDINA, OH 44256

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: CLIFFORD GLADE

D

11/09/2005

Electronic Signature of Signing Officer or Director

Date