

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114536

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: AMERICAN THERMAL WIZARDS INTERNATIONAL, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 57-1135531      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLADE, CLIFFORD  
86000 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036      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: D ( ) Delete  
Name: GLADE, CLIFFORD  
Address: 86000 OVERSEAS HIGHWAY  
City-St-Zip: ISLAMORADA, FL 33036

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: MILLER, RANDAL  
Address: 1302 YARBOROUGH DRIVE  
City-St-Zip: PEACHTREE CITY, GA 30269

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

Electronic Signature of Signing Officer or Director

PRES

04/20/2006

\_\_\_\_\_ Date