2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000124516

Entity Name: THERMOGUARD FLORIDA INC.

STEVENSVILLE, MD 21666

City-St-Zip:

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1367 BAN	YAN WAY , FL 33327		New Filliopa Filase	5. 24 5655.	
Current Mailing Address:			New Mailing Address:		
	YAN WAY , FL 33327				
FEI Number	: 56-2299647	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ER, H. MICHA ITH HORSESI FL 34104 U				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (KIPLING, PAU 115 BAY DRIV STEVENSVILL	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (SCHEFFR, WO C/O TRIPLE E HOLLAND,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (DONGO-SORI 1367 BANYAN WESTON, FL	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD (KIPLING, ALIS 115 BAY DRIV		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PAUL KIPLING PD 04/30/2003