


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90548 050 \*\*\*150.00

<b>DOCUMENT # P03000022713</b> 1. Entity Name <b>POLY-TRIPLEX TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>9851 THOMAS DRIVE SUITE 108 PANAMA CITY, FL 32408</b>		Mailing Address <b>9851 THOMAS DRIVE SUITE 108 PANAMA CITY, FL 32408</b>	
2. Principal Place of Business <b>495 St Johns Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>505 Beachland Blvd</b> Suite, Apt. #, etc.	
City & State <b>Bonifay Florida</b>		City & State <b>Vero Beach Florida</b>	
Zip <b>32425</b>		Zip <b>32963</b>	
Country		Country	
4. FEI Number <b>81-0600359</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCNEIL, RONALD A 13 NORRIEGO ROAD DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent Name <b>Blane Chris</b> Street Address (P.O. Box Number is Not Acceptable) <b>208 Spinnaker Dr</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32963</b>	
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 <u><i>Chris Blane</i></u> DATE <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEIL, RONALD A 13 NORRIEGO ROAD DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tinley, Matt Union Station 1701 Winkap St. Suite 250 Denver CO 80202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JONES, KATHRYN M 222 WOODLAWN PANAMA CITY, FL 32408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Blane, Chris 208 Spinnaker Dr Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Chris Blane</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-29-05</u> Daytime Phone #	