

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000126905

Entity Name: TECHNIREG, INC.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19404 PINE VALLEY DR.  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

19404 PINE VALLEY DR.  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 26-0073434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLOVER, WAYNE L  
19404 PINE VALLEY DR.  
ODESSA, FL 33556 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: GLOVER, WAYNE L  
Address: 19404 PINE VALLEY DR.  
City-St-Zip: ODESSA, FL 33556

Title: VS  
Name: GLOVER, PAMELA  
Address: 19404 PINE VALLEY DR  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: WAYNE L. GLOVER

PT

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date