


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000128169	
1. Entity Name THREADED LOGIC CORPORATION	

Principal Place of Business #428 1304 SW 160TH AVE. WESTON, FL 33326 US	Mailing Address #428 1304 SW 160TH AVE. WESTON, FL 33326 US
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0422223	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEBS, CARLOS 1318 NW 129 WAY SUNRISE, FL 33323
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P DEBS, CARLOS 1318 NW 129 WAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DEBS, ARLENE 1318 N.W. 129 WAY SUNRISE, FL 33323
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05/18/06-80020-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Arlene Debs Date: April 20, 2006 (954) 846-8557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #