


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000136557	
1. Entity Name ACCUBEAM LASER MARKING INC.	

Principal Place of Business 1735 APEX RD SARASOTA, FL 34240	Mailing Address 1735 APEX RD SARASOTA, FL 34240
---	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0614101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHANNING, THOMAS P 1735 APEX RD SARASOTA, FL 34240
--

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHANNING, THOMAS P 6407 JACKIE LYNN CT. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHANNING, THOMAS P 6407 JACKIE LYNN CT. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVENPORT, JACKIE 1220 FRASER PINE BLVD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHANNING, THOMAS M 2438 ICECAPADE DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000584698
01/12/07-80048-018 150.00

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 <i>Thomas P. Johannings</i>	THOMAS P JOHANNING 1-4-07 941-371-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #