

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013891

FILED
Jul 06, 2006
Secretary of State

Entity Name: TORQUE TECHNOLOGIES PRODUCTS, INC

Current Principal Place of Business:

PO BOX 25008
SARASOTA, FL 34277

New Principal Place of Business:

1623 W UNIVERSITY PKWY
SARASOTA, FL 34243

Current Mailing Address:

PO BOX 25008
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 20-2233544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORAN, DAVID S
3921 NELSON AVE
SARASOTA, FL 34231 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BINKS, BRADLEY H
Address: 523 HILL AVE
City-St-Zip: GLEN ELLYN, IL 60137 US

Title: T () Delete
Name: WOOD, MAYNARD H
Address: 12513 RIDGEPOINT CIRCLE
City-St-Zip: WICHITA, KS 67235 US

Title: D () Delete
Name: BINKS, HARRY L
Address: 531 HILL AVE
City-St-Zip: GLEN ELLYN, IL 60137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: DAVID FORAN

CPA

07/06/2006

Electronic Signature of Signing Officer or Director

Date