

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3, **FILED**
Mar 20, 2007 8:00 am
Secretary of State

03-05-2007 90037 028 ***150.00

DOCUMENT # P06000011734 1. Entity Name DIEMECH TURBINE SOLUTION INC.			
Principal Place of Business 1401 FLIGHTLINE BLVD #2 DELAND, FL 32724		Mailing Address 1401 FLIGHTLINE BLVD #2 DELAND, FL 32724	
2. Principal Place of Business - No P.O. Box # 1360 Flightline Blvd		3. Mailing Address 1360 Flightline Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Deland FL		City & State Deland FL	
Zip 32724		Zip 32724	
Country 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02052007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SHELLE K OTTO P.A. 2010 PINE TERRACE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKOPPE, CHRISTIAN H 1401 FLIGHTLINE BLVD #2 DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKOPPE, Christian H. 1360 Flightline Blvd Deland FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKOPPE, ANETTE 1401 FLIGHTLINE BLVD #2 DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Skoppe, Anette 1360 Flightline Blvd Deland, FL 32724
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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: <u>A Skoppe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/28/07 386-804-0179 <small>Date Duration Phone #</small>	