


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000011734 1. Entity Name DIEMECH TURBINE SOLUTION INC.	
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Principal Place of Business 1360 FLIGHTLINE BLVD DELAND, FL 32724	Mailing Address 1360 FLIGHTLINE BLVD DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4189144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHELLE K OTTO P.A.
2010 PINE TERRACE
SARASOTA, FL 34231**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000826340 02/21/08-80045-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKOPPE, CHRISTIAN H 1360 FLIGHTLINE BLVD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKOPPE, ANETTE 1360 FLIGHTLINE BLVD DELAND, FL 32724
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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: *A Skoppe*, Anette Skoppe **2/18/08** **386.804.0179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #