


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90019 019 ***150.00

DOCUMENT # P06000022731 1. Entity Name DAMAGE CONTROL TECHNOLOGIES, INC.																																																																																																																																																																													
Principal Place of Business 4791 SOUTH CITATION DRIVE SUITE 104 DELRAY BEACH, FL 33445			Mailing Address 4791 SOUTH CITATION DRIVE SUITE 104 DELRAY BEACH, FL 33445																																																																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																																											
City & State		City & State		05042007 Chg-P CR2E034 (12/06)																																																																																																																																																																									
Zip		Country		4. FEI Number 680624824																																																																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																									
6. Name and Address of Current Registered Agent SILVERMAN, STUART M ESQUIRE 2500 N. MILITARY TRAIL SUITE 490 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name HARVEY TAUMAN Street Address (P.O. Box Number is Not Acceptable) 4791 So. Citation Dr #104 City Delray Beach FL Zip Code 33445																																																																																																																																																																									
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: <u>Harvey Tauman President CEO</u> 5/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>CEO, President, Director</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TAUMAN, HARVEY S</td> <td>Chairman</td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">4791 SOUTH CITATION DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">DELRAY BEACH, FL 33445</td> </tr> <tr> <td>TITLE</td> <td>V.P.</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CHAUDHARY M. PRASAD</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">4791 S. Citation Dr #104</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">Delray Bch, FL 33445</td> </tr> <tr> <td>TITLE</td> <td>Director</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Richard Tauman</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">6503 N. Military Trail # 3304</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">Boca Raton FL 33496</td> </tr> <tr> <td>TITLE</td> <td>Director</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Stuart Silverman</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">2500 Military Trail # 283</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">Boca Raton, FL 33481</td> </tr> <tr> <td>TITLE</td> <td>Director</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Charles Fox</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">39-08 Tierney PL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">Fairlawn, NJ 07410</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	CEO, President, Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TAUMAN, HARVEY S	Chairman	NAME			STREET ADDRESS	4791 SOUTH CITATION DRIVE					CITY-ST-ZIP	DELRAY BEACH, FL 33445					TITLE	V.P.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CHAUDHARY M. PRASAD		NAME			STREET ADDRESS	4791 S. Citation Dr #104					CITY-ST-ZIP	Delray Bch, FL 33445					TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Richard Tauman		NAME			STREET ADDRESS	6503 N. Military Trail # 3304					CITY-ST-ZIP	Boca Raton FL 33496					TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Stuart Silverman		NAME			STREET ADDRESS	2500 Military Trail # 283					CITY-ST-ZIP	Boca Raton, FL 33481					TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Charles Fox		NAME			STREET ADDRESS	39-08 Tierney PL					CITY-ST-ZIP	Fairlawn, NJ 07410					TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS						CITY-ST-ZIP					
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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>Harvey Tauman President CEO</u> 5/14/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																													