

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052103

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: ACCU-BREAK TECHNOLOGIES, INC.

## Current Principal Place of Business:

1000 SOUTH PINE ISLAND ROAD  
SUITE 230  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

1000 SOUTH PINE ISLAND ROAD  
SUITE 230  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 20-5876662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDFARB, ROBERT I  
1000 SOUTH PINE ISLAND ROAD  
SUITE 230  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D CH ( ) Delete  
Name: HAHN, ELLIOT F  
Address: 1000 S. PINE ISLAND ROAD, SUITE 230  
City-St-Zip: PLANTATION, FL 33324

Title: DCEO ( ) Delete  
Name: KAPLAN, ALLAN S  
Address: 1000 S. PINE ISLAND ROAD, SUITE 230  
City-St-Zip: PLANTATION, FL 33324

Title: D VP ( ) Delete  
Name: LUCKING, DAVID  
Address: 1000 S. PINE ISLAND ROAD, SUITE 230  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: NORTON, NIGEL N  
Address: 1000 S. PINE ISLAND ROAD # 230  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: SOLOMON, LAWRENCE  
Address: 1000 S. PINE ISLAND RD #230  
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete  
Name: GREEN, GEOFF  
Address: 1000 S. PINE ISLAND ROAD, #230  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D CH (X) Change ( ) Addition  
Name: HAHN, ELLIOT F PH.D.  
Address: 1000 S. PINE ISLAND ROAD, SUITE 230  
City-St-Zip: PLANTATION, FL 33324

Title: DCEO (X) Change ( ) Addition  
Name: KAPLAN, ALLAN S PH.D.  
Address: 1000 S. PINE ISLAND ROAD, SUITE 230  
City-St-Zip: PLANTATION, FL 33324

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

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

Title: D (X) Change ( ) Addition  
Name: SOLOMON, LAWRENCE M.D.  
Address: 1000 S. PINE ISLAND RD #230  
City-St-Zip: PLANTATION, FL 33324

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

I hereby certify that the information supplied with this filing does not qualify 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: ALLAN S. KAPLAN, PH.D.

CEO

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date