


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-02-2007 90091 044 ***150.00

DOCUMENT # P06000061041

1. Entity Name
KOMPOZIT INC.



Principal Place of Business
491 STATE ROAD 434
SUITE 139
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
4055 BONNIE DR
APOPKA, FL 32703

2. Principal Place of Business - No P.O. Box #
3800 Howell Branch Rd

3. Mailing Address

Suite, Apt. #, etc.
Winter Park,

Suite, Apt. #, etc.

City & State
Florida


City & State

Zip
32792

Country

Zip

Country



03232007 Chg-P CR2E034 (12/06)

4. FEI Number
76-0826510

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DRAGIEVA, SILVIYA G
4055 BONNIE DR
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Silviya Dragieva* **Silviya Dragieva** 03-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 DRAGIEVA, SILVIYA G 4055 BONNIE DR APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAGIEV, TODOR D 4055 BONNIE DR APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Silviya Dragieva* **Silviya Dragieva**, 03-28-07 **321-946-7691**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT **DRAGIEVA**