


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90028 039 \*\*\*400.00

**DOCUMENT # P06000084816**

1. Entity Name  
**NE COMBUSTION PRODUCTS, INC.**



Principal Place of Business Mailing Address

~~460 CRESCENT ST~~  
~~DEXBURY, MA 02332~~

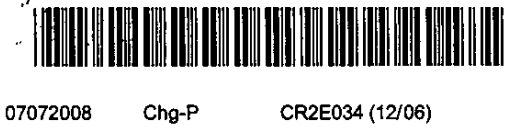
280 LIBBEY INDUSTRIAL PKWY  
 PO BOX 890130  
 EAST WEYMOUTH, MA 02189

**40110612**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

**280 LIBBEY INDUSTRIAL PKWY**

Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State City & State

**E WEYMOUTH, MA.**

Zip Country Zip Country

**02189 NORFOLK**

4. FEI Number Applied For

**20-5120924** Not Applicable

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

6. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS**  
**ATTN: F. THOMAS HOPKINS**  
**2033 MAIN STREET, SUITE 600**  
**SARASOTA, FL 34237**

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 *William F. Holloway V.P.* **WILLIAM F. HOLLOWAY V.P.** **7/7/08**

Signature, typed or printed name of registered agent and trustee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WILKINSON, GEOFFREY C <del>160 CRESCENT ST</del> <del>DEXBURY, MA 02332</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO HOLLOWAY, WILLIAM F 280 LIBBEY INDUSTRIAL PKWY EAST WEYMOUTH, MA 02189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>280 LIBBEY INDUSTRIAL PKWY</b> <b>E. WEYMOUTH, MA. 02189</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William F. Holloway V.P.* **WILLIAM F. HOLLOWAY V.P.** **7/7/08** **201-335-2622**

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