2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000064124



FILED Mar 13, 2008 8:00 am Secretary of State

SEALING TECHNOLOGIES, INC.							03-13-2008 90034 013 ***150.00						
Principal Place of Business 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904			Mailing Address 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904					en e	estis skrib šeits	ankei (1515	itan ara	erri o eren	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				3112008	Chg-P	CR2I	E034 (12	2/06)		
City & State			City & State	·		4	. FEI Numbe	er			_+-	plied For t Applicable	
Zip		Country	Zip	Cour	ntry	5	. Certificate	of Status Desired		\$8.7 Fee R	5 Add	itional	
	6. Name	and Address of Current	Registered Agent	<u> </u>		7.	Name and	Address of New	Registere	d Agent			
LINITED STATES CORPORATION ACCINES INC					Name				•				
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD					Street Addres	ss (P.O	Box Numbe	er is Not Accepta	ble)				
SUITE A-19 TAMPA, FI		1425						· · · · · · · · · · · · · · · · · · ·					
17411 74 7		7420			City					zi Zi	p Code		
O The above		haria this statement for	or the purpose of changing its					to in the Ca-a1	F	<u> </u>			
	ions of regist						agom, or bo		· iorida. Ta		* ********	ano assap.	
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	ad Agent signature requ	Luired whe	n reinstating)		DATE	=			
		FEE IS \$150.00 8 Fee will be \$550.	9. Election Campa Trust Fund Cor	_		\$5.00 Added t	May Be to Fees						
10.	PRES	OFFICERS AND		11.	- I -		ADDITIONS/	CHANGES TO O	FFICERS A				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIMALE 7608 SILV	N, JEFF VER SANDS DR. ELBOURNE, FL 32904	☐ Delete		ı					<u> </u>	nange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ÆR SANDS DR.	☐ Delete		1					□ c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT BULLERS 7608 SILV	ELBOURNE, FL 32904 S, JACK——— /ER SANDS DR. ELBOURNE, FL 32904	☐ Delete	TITE NAA STR	E					□ c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I .	WILLIAM /ER SANDS DR. ELBOURNE, FL 32904	☐ Delete		l	_				□ C	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7608 SIL	SON, TYLER VER SANDS DR. ELBOURNE, FL 32904	☐ Delete		1						hange	☐ Addition	
TITLE. NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							□ ¢	hange	Addition	
12. I hereby of indicated	certify that the	e information supplied with rt or supplemental report i	n this filing does not qualify the true and accurate and that	for the ex my signa	emptions contain	ined in	Chapter 119	Florida Statutes	s. I further o	certify that	t the in	of director	

of the corporation or the receiver of musico empowered changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

321-951-1716