


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000064124	
1. Entity Name SEALING TECHNOLOGIES, INC.	

Principal Place of Business 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904	Mailing Address 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904
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2. Principal Place of Business - No P.O. Box # 4298 Palladian Way	3. Mailing Address 4298 Palladian Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Melbourne FL	City & State West Melbourne FL
Zip 32904	Country US
Zip 32904	Country US

FILED  
08 SEP 22 PM 2:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



09182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GRIMALDI, JEFF 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600136307146 09/24/08--01035--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES OSMUN, WILLIAM 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904 <input checked="" 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	SECT BULLERS, JACK 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904 <input checked="" 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	DIR OSMUN, WILLIAM 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904 <input checked="" 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	VP ROBERTSON, TYLER 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robertson, Tyler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4298 Palladian Way West Melbourne FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robertson, Samantha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4298 Palladian Way West Melbourne FL 32904

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: \_\_\_\_\_ 321-474-7760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #