2008 FOR PROFIT CORPORATION

· · · · · · · · · · · · · · · · · · ·	AMENDED ANN									
DOCUMENT # P0700064124 1. Entity Name SEALING TECHNOLOGIES, INC.					08 SEP 22 PH 2: 38					
Principal Place of Business Mailing Address 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904			2904			VLLAHA	ARY OF	2:38 STATE LORIDA		
2. Principal Place of Business - No P.O. Box # 4398 Palladian Way Suite, Apt. #, etc. 3. Mailing Address 4298 Palladian Suite, Apt. #, etc.			ian Wa	ጎ	09182008 Chg-P CR2E034 (12/06)					
City & State West Melbourne FL West Melbourne					4. FEI Number NOT API	PLICABLE		No	olied For Applicable	
32904	Country Zip Country 33.904 Country Cou				5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent					
	6. Name and Address of Current R	Name	Name							
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, F	_ 33612-3425	•	City	<u>.</u>			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 acce the obligations of registered agent.									and'accept	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TITLE	PRES	⊠ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GRIMALDI, JEFF 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904	,	NAME STREET ADDRESS CITY-ST-ZIP	•	09/24/	7.1763 7.1763	:ロテ14 002 *	₩61.25		
TITLE	TRES	Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	OSMUN, WILLIAM 7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904		NAME Street Address City-St-Zip							
TITLE	SECT	□ Delete	TITLE					☐ Change	Addition	
NAME	BULLERS, JACK		_NAME							
STREET ADDRESS CITY-ST-ZIP	7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	DIR OSMUN, WILLIAM	□X Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	7608 SILVER SANDS DR. WEST MELBOURNE, FL 32904		STREET ADDRESS CITY-ST-ZIP							
TITLE	VP	☐ Delete	TITLE	2000	csi'dent	Tuter		Change .	☐ Addition	
NAME STREET ADDRESS	ROBERTSON, TYLER 7608 SILVER SANDS DR.		NAME STREET ADDRESS	429	18 Palla	sian Wo	45		ļ	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP	Wes	t Melho	wrong FL	3290	Ч		
TITLE	· - · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	∀ ₽	., ., ., .,	Samon dian l	. 1	☐ Change	₩ Addition	
NAME			NAME	12,00	ertson,	Samon	+44			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1199	18 Palla	יפימי ה הפינטי	reg FL 3	7 CA/1	Į	
· · · · · · · · · · · · · · · · · · ·	certify that the information cunnifed with	this filing does not qualify for the						2904 fy that the in	formation	
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 leport 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 trastee empowered to execute his 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayloring Phone #										
	SHAROUE AND TYPED OR PR	UNITED RADIE OF SIGNING OFFICER OR	PIRECIUN		_	Date	D	ayustaa PTIONE #	2 -	

321-414-7760 Daytime Phone #