

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P92000004068

Entity Name: TECHNAMOLD, INC.

FILED
Sep 17, 2009
Secretary of State

Current Principal Place of Business:

5190-110TH AVENUE NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

2202 N. WEST SHORE BLVD
STE 200
TAMPA, FL 33607 US

Current Mailing Address:

5190-110TH AVENUE NORTH
CLEARWATER, FL 33760

New Mailing Address:

4612 FOSTER AVE
2ND FLR
BROOKLYN, NY 11203 US

FEI Number: 59-3151086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILFEARD, MIKE
5190 110TH AVE N
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

COHEN, DOUGLAS S OWNER
2202 N. WEST SHORE BLVD
STE 200
TAMPA, FL 33607 US

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.

SIGNATURE: DOUGLAS COHEN

09/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILFEARD, MIKE
Address: 5190 110TH AVE N
City-St-Zip: CLEARWATER, FL 33760

Title: VPST () Delete
Name: WILFEARD, KATHLEEN
Address: 5190 110TH AVE N
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, DOUGLAS S
Address: 4612 FOSTER AVE
City-St-Zip: BROOKLYN, NY 11203 US

Title: VPST (X) Change () Addition
Name: WILFEARD, MIKE
Address: 2202 N. WEST SHORE BLVD
City-St-Zip: TAMPA, FL 33607 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS COHEN

P

09/17/2009

Electronic Signature of Signing Officer or Director

Date