2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028936

Entity Name: FUSION EQUIPMENT CORPORATION

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5405 TWIN CREEKS DRIVE 4301 STERLING COMMERCE DRIVE

VALRICO, FL 33594 PLANT CITY, FL 33566

Current Mailing Address: New Mailing Address:

5405 TWIN CREEKS DRIVE 4301 STERLING COMMERCE DRIVE

VALRICO, FL 33594 PLANT CITY, FL 33566

FEI Number: 59-3176781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, TRACY R 5405 TWIN CREEK DRIVE SUITE 500 VALRICO, FL 33594 US JOHNSON, TRACY R 4301 STERLING COMMERCE DRIVE PLANT CITY, FL 33566 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: 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

JOHNSON, ROBERT R

3709 MOLLIE LANE

RUSKIN, FL 33573

Name:

Address: City-St-Zip:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: JOHNSON, TRACY R Name: JOHNSON, TRACY R
Address: 5405 TWIN CREEKS DR Address: 4301 STERLING COMMERCE DRIVE

Address: 5405 TWIN CREEKS DR Address: 4301 STERLING COMMERCE DRIVE
City-St-Zip: VALRICO, FL 33594 City-St-Zip: PLANT CITY, FL 33566

Title: DV () Delete Title: DV (X) Change () Addition

Name: TOPP, MARK A Name: TOPP, MARK A

Address: 13229 EMERALD ACRES AVE Address: 4301 STERLING COMMERCE DRIVE

City-St-Zip: DOVER, FL 33527 City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A. TOPP DV 01/09/2006