2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P93000054183

Entity Name: FORM TECH INC.

Current Principal Place of Business:

4629 SW BACHELOR STREET
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

4350 SW GAGNON ROAD
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

4629 SW BACHELOR STREET
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

4350 SW GAGNON ROAD
PORT SAINT LUCIE, FL 34953 US

FEI Number: 65-0457225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAULES, MYRA
4629 SW BACHELOR STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SAULES, MYRA
4350 SW GAGNON ROAD
PORT SAINT LUCIE, FL 34953 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: 04/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SAULES, MYRA
Address: 4629 SW BACHELOR STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete
Name: SAULES, SCOTT
Address: 4629 SW BACHELOR STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SAULES, MYRA
Address: 4350 SW GAGNON ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP (X) Change ( ) Addition
Name: SAULES, SCOTT
Address: 4350 SW GAGNON ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: MYRA SAULES PST 04/14/2009
Electronic Signature of Signing Officer or Director Date