


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 002 ***150.00

| | | | | | |
|------------------------------------------------------------------------------------------------------|---------|-----|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P94000034787 | | | |  | |
| 1. Entity Name THERMAL MECHANICAL SYSTEMS, INC. | | | | | |
| Principal Place of Business 7431-34 W ATLANTIC AVE UNIT #103 DELRAY BEACH FL 33446 | | | Mailing Address 7431-34 W ATLANTIC AVE UNIT #103 DELRAY BEACH FL 33446 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0490105 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |



1st MOORE CR2E034 (10/04)

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent GROMANN, GLENN E 10246 LEXINGTON ESTATES BLVD BOCA RATON FL 33428 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | 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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | DPS | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LAMPARIELLO, LARRY A | | | NAME | | | |
| STREET ADDRESS | 209 BERKELEY AVE | | | STREET ADDRESS | 18 ROPES PLACE | | |
| CITY-ST-ZIP | NEWARK NJ 07107 | | | CITY-ST-ZIP | NEWARK, NJ 07107 | | |
| TITLE | CDT | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LAMPARIELLO, MARK | | | NAME | | | |
| STREET ADDRESS | 51 COEYMAN AVE | | | STREET ADDRESS | 242 WASHINGTON AVE. APT. B | | |
| CITY-ST-ZIP | NUTLEY NJ 07110 | | | CITY-ST-ZIP | NUTLEY, NJ 07110 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **LARRY A. LAMPARIELLO, PRES.** *Larry A. Lampariello* 4/13/05 561 495-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #