

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002346

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: FUSEMATIC CORPORATION

## Current Principal Place of Business:

5185 SW 61 DRIVE  
PALM CITY, FL 34990 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1847  
PALM CITY, FL 34991 US

## New Mailing Address:

FEI Number: 65-0631688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIX, JOHN  
5185 SW 61 DRIVE  
MAILING ADDRESS - P.O. BOX 1847  
PALM CITY, FL 34991 US

## Name and Address of New Registered Agent:

FIX, JOHN  
5185 SW 61 DRIVE  
PALM CITY, FL 34991 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:

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FIX, JOHN  
Address: POST OFFICE BOX 1847 N/A  
City-St-Zip: PALM CITY, FL 34991 US

Title: P ( ) Delete  
Name: FIX, JOHN  
Address: P.O. BOX 1847  
City-St-Zip: PALM CITY, FL 34991 US

Title: ST ( ) Delete  
Name: FIX, JOHN  
Address: P.O. BOX 1847  
City-St-Zip: PALM CITY, FL 34991 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN FIX

D/P

01/15/2007

Electronic Signature of Signing Officer or Director

Date