2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069854

Entity Name: ANSER THERMAL TECHNOLOGIES, INC.

FILED May 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
5000 SW 25 BLVD, # 1113 GAINESVILLE, FL 32608			5000 SW 25 BLVD, # 1113 GAINESVILLE, FL 32608	3 US
Current Mailing Address:			New Mailing Address:	
C/O MC THURBER 5000 SW 25 BLVD, # 1113 GAINESVILLE, FL 32608			5000 SW 25 BLVD, # 1113 GAINESVILLE, FL 32608	3 US
FEI Number	: 65-1004264	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:	
STUART, The above		JS	purpose of changing its registered off	ice or registered agent, or botl
SIGNATUI				
	Electro	nic Signature of Registered Ag	ent	Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	VPTD (PUETT, EDWII 38 EAST HIGH STUART, FL 3	POINT RD	Title: () 0 Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	DP (THURBER, MA 5000 SW 25TH GAINESVILLE	l BV, # 1113	Title: () 0 Name: Address: City-St-Zip:	Change ()Addition
Title: Name: Address: City-St-Zip:	D (DIPPY, WALTI 509 SE RIVER STUART, FL 3	SIDE DR	Title: () 0 Name: Address: City-St-Zip:	Change ()Addition
Title: Name: Address: City-St-Zip:	D (HOOVER, RON 509 SE RIVER STUART, FL 3	SIDE DR	Title: () 0 Name: Address: City-St-Zip:	Change ()Addition
Title: Name: Address:	DS (WARD, KATH) 4849 CASH RO		Title: () 0 Name: Address:	Change ()Addition

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.

City-St-Zip:

SIGNATURE: MARY C. THURBER DP 05/11/2009

FLOWERY BRANCH, GA 30542

City-St-Zip: