

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90045 029 \*\*\*150.00

DOCUMENT # P96000100385

1. Entity Name  
STRUCTURAL TECHNOLOGIES, INC.



Principal Place of Business

1818 S. AUSTRALIAN AVE #410  
WEST PALM BEACH, FL 33409

PO BOX 108  
FURLONG PA 18925

Mailing Address

1818 S. AUSTRALIAN AVE #410  
WEST PALM BEACH, FL 33409

PO BOX 108  
FURLONG PA 18925



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0724089

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEROLA, JAMES R ESQ.  
11380 PROSPERITY FARMS ROAD  
SUITE 204  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D, P  
NAME BROWN, JANE  
STREET ADDRESS PO BOX 108  
CITY-ST-ZIP FURLONG, PA 18925

TITLE V  
NAME GINSBERG, RICHARD I  
STREET ADDRESS 80 BELVEDERE DRIVE  
CITY-ST-ZIP SYOSSET, NY 11791

TITLE S, T  
NAME BROWN, MARVIN M  
STREET ADDRESS PO BOX 108  
CITY-ST-ZIP FURLONG, PA 18925

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #