2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009461

Entity Name: ALLTEK SEAL & PACKING COMPANY, INC.

Jul 12, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

31655 ST JOHNS BLUFF RD #5 3165 ST JOHNS BLUFF RD #5 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

3165 ST JOHNS BLUFF ROAD JACKSONVILLE, FL 32246

FEI Number: 59-3556716 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:

ODONNELL, ROBERT ODONNELL, ROBERT D VP SALE 3165 ST JOHNS BLUFF RD. 3165 ST JOHNS BLUFF RD. JACKSONVILLE, FL 32277 US JACKSONVILLE, FL 32277

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: ROBERT ODONNELL 07/12/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

() Delete Title: (X) Change () Addition

O'DONNELL, JANE A Name: Name: O'DONNELL, JANE A 3165 ST. JOHNS BLUFF 3165 ST. JOHNS BLUFF RD. Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32240 City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VSD Title: () Change () Addition () Delete Name: O'DONNELL, ROBERT D SR Name:

3165-5 ST JOHNS BLUFF RD. Address: Address: JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip:

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: ROBERT ODONNELL **VPSA** 07/12/2007