

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90106 027 \*\*\*150.00

**DOCUMENT # P99000054209**

1. Entity Name  
 TERMINATION TECHNOLOGIES, INC.



Principal Place of Business  
 5320 53 AVE. EAST, #Q-33  
 BRADENTON, FL 34203

Mailing Address  
 6023 26TH ST W  
 PMB 270  
 BRADENTON, FL 34207

40004412

2. Principal Place of Business  
 2752 E. ELMWOOD DR  
 Suite, Apt. #, etc.

3. Mailing Address  
 2752 E. ELMWOOD DR.  
 Suite, Apt. #, etc.



01082006 Chg-P CR2E034 (11/05)

City & State  
 AVON PARK, FL

City & State  
 AVON PARK, FL

Zip  
 33825

Country  
 USA

Zip  
 33825

Country  
 USA

4. FEI Number  
 65-0926683

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

FORBES, ALAN G  
 5320 53 AVE. EAST, #Q-33  
 BRADENTON, FL 34203

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2752 E. ELMWOOD DR.

City AVON PARK FL Zip Code 33825

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 *Alan G Forbes* DATE 1/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	FORBES, BECKY	
STREET ADDRESS	5320 53RD AVE E #Q33	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORBES, ALAN G	
STREET ADDRESS	5320 53RD AVE E #Q33	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2752 E. ELMWOOD DR.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2752 E. ELMWOOD DR.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alan G Forbes* DATE 1/19/06 863-314-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #