



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90099 036 ***150.00

DOCUMENT # S57042 1. Entity Name FOAMCO SYSTEMS, INC.			
Principal Place of Business 1250 N. TAMiami TRAIL, STE 208 NAPLES, FL 34102		Mailing Address 1250 N. TAMiami TRAIL, STE 208 NAPLES, FL 34102	
2. Principal Place of Business, No P.O. Box # 5454 Whitten Dr. Suite, Apt. #, etc.		3. Mailing Address 5454 Whitten Dr. Suite, Apt. #, etc.	
City & State Naples FL Zip 34104 Country		City & State Naples FL Zip 34104 Country	
			
		01102008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0267777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINN, JEFFREY C. 307 AIRPORT PULLING RD N NAPLES, FL 33942		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES HANSEN, ANTHONY F 1250 N. TAMiami TRAIL, STE 208 NAPLES, FL 34102 <i>change address</i>	TITLE	same 5454 Whitten Dr. Naples FL 34104 <i>change address</i>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HANSEN, TY ANTHONY 4271 PEARL HARBOR DR NAPLES, FL <i>change address</i>	TITLE	same 4358 Buntan Naples FL 34104
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP HANSEN, GAIL 5454 WHITTEN NAPLES, FL 34104	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Jeffrey C. Quinn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/10/08 Daytime Phone # (239) 2900124	