

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66915

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** FILTRATION SOLUTIONS, INC.

**Current Principal Place of Business:**

4270 NE 23RD AVE  
LIGHTHOUSE POINT, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5070  
LIGHTHOUSE POINT, FL 33074

**New Mailing Address:**

**FEI Number:** 65-0268107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHROETER, L. CAROLYNN  
4270 NORTHEAST 23RD AVENUE  
LIGHTHOUSE POINT, FL 33074 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCHROETER, L. CAROLYNN  
Address: 4270 N.E. 23RD AVENUE  
City-St-Zip: LIGHTHOUSE PT., FL

Title: EV  
Name: SCHROETER, E. CHARLES  
Address: 4270 N.E. 23RD AVENUE  
City-St-Zip: LIGHTHOUSE PT., FL

Title: SD  
Name: SCHROETER, L. CAROLYNN  
Address: 4270 N.E. 23RD AVENUE  
City-St-Zip: LIGHTHOUSE PT., FL

I hereby 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 all other like empowered.

**SIGNATURE:** L. CAROLYNN SCHROETER

PD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date