


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90388 013 ***150.00

DOCUMENT # V19104 1. Entity Name TECTONIC SYSTEMS, INCORPORATED			
Principal Place of Business 725 SW 16TH AVE BAY 6 DELRAY BEACH FL 33444 US		Mailing Address 725 SW 16TH AVE BAY 6 DELRAY BEACH FL 33444 US	
2. Principal Place of Business 3269 SW 14 PLACE Suite, Apt. #, etc.		3. Mailing Address 3269 SW 14 PLACE Suite, Apt. #, etc.	
City & State BOYNTON BEACH		City & State BOYNTON BEACH	
Zip 33426	Country USA	Zip 33426	Country USA
6. Name and Address of Current Registered Agent CORSO, ROY E. 725 SW 16TH AVE BAY 6 DELRAY BEACH FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3269 SW 14 PLACE City BOYNTON BEACH FL Zip Code 33426	
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 <u><i>Roy E. Corso</i></u> ROY E. CORSO 04/08/2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROY E. CORSO 701 NORTH M STREET LAKE WORTH FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Roy E. Corso</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/08/2005 561-732-7828 <small>Date Daytime Phone #</small>	