

**FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V 19104

1. Entity Name

TECTONIC SYSTEMS, INCORPORATED



DO NOT WRITE IN THIS SPACE

**FILED
May 13, 2008 8:00 am
Secretary of State**

05-13-2008 90014 032 ***150.00

40101413

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box # 3269 SW 14 PL		3. Mailing Address 3269 SW 14 PL	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State BOYNTON BCH, FL		City & State BOYNTON BCH, FL	
Zip 33426	Country USA	Zip 33426	Country USA
<p>DO NOT WRITE IN THIS SPACE</p>			
4. FEI Number 65-0338088			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name CORSO, ROY G.			
Street Address (P.O. Box Number is Not Acceptable) 3269 SW 14 PL			
City BOYNTON BCH 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

January 1- May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROY E. CORSO 701 NORTH M STREET LAKE WORTH, FL 33460
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Roy E. Corso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/08/2008 561-732-7828

Date

Daytime Phone #

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