


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-13-2008 90014 032 \*\*\*150.00

DOCUMENT # <b>V 19104</b>	
1. Entity Name <b>TECTONIC SYSTEMS, INCORPORATED</b>	

**DO NOT WRITE IN THIS SPACE**

**40101413**

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box # <b>3269 SW 14 PL</b>		3. Mailing Address <b>3269 SW 14 PL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOYNTON BCH, FL</b>		City & State <b>BOYNTON BCH, FL</b>	
Zip <b>33426</b>	Country <b>USA</b>	Zip <b>33426</b>	Country <b>USA</b>

4. FEI Number <b>65-0338088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>CORSO, ROY E.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3269 SW 14 PL</b>	
City <b>BOYNTON BCH</b>	FL Zip Code <b>33426</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning.) 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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROY E. CORSO 701 NORTH M STREET LAKE WORTH, FL 33460</b>
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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** **5/08/2008** **561-732-7828**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #