

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003047

Entity Name: THORPE TECHNOLOGIES INC**Current Principal Place of Business:**449 W. ALLEN AVE. SUITE 119
SAN DIMAS, CA 91773**Current Mailing Address:**449 W. ALLEN AVE. SUITE 119
SAN DIMAS, CA 91773 US**FEI Number:** 33-0306916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	ALLEN, JOHN
Address	449 W. ALLEN AVE. SUITE 119
City-State-Zip:	SAN DIMAS CA 91773

Title	DIRECTOR
Name	CARPENTER, THOMAS
Address	449 W. ALLEN AVE. SUITE 119
City-State-Zip:	SAN DIMAS CA 91773

Title	CHAIRMAN OF THE BOARD
Name	ALLEN, JOHN
Address	449 W. ALLEN AVE. SUITE 119
City-State-Zip:	SAN DIMAS CA 91773

Title	TREASURER / CFO
Name	CARPENTER, THOMAS
Address	449 W. ALLEN AVE. SUITE 119
City-State-Zip:	SAN DIMAS CA 91773

Title	SECRETARY
Name	CARPENTER, THOMAS
Address	449 W. ALLEN AVE. SUITE 119
City-State-Zip:	SAN DIMAS CA 91773

Title	PRESIDENT / CEO
Name	ALLEN, JOHN
Address	449 W. ALLEN AVE. SUITE 119
City-State-Zip:	SAN DIMAS CA 91773

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: THOMAS CARPENTER**SECRETARY****04/23/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date