


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000064885
1. Entity Name
T5 FOAM WORKS, INC.



Principal Place of Business Mailing Address
14320 CARLSON CIRCLE 14320 CARLSON CIRCLE
TAMPA, FL 33626 TAMPA, FL 33626

DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
57-1170954 No, Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HATCHER, DAVID B II
14320 CARLSON CIRCLE
TAMPA, FL 33626

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P HATCHER, DAVID B II 14320 CARLSON CIR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEMPLE, ROBERT A 14320 CARLSON CIR TAMPA, FL 33626
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Hatcher* Date: 2/16/06 Daytime Phone #: (813) 814-9936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #