


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # P03000064885**

1. Entity Name  
**T5 FOAM WORKS, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**07 MAR -8 AM 7:19**

Principal Place of Business <b>14320 CARLSON CIRCLE TAMPA FL 33626</b>	Mailing Address <b>14320 CARLSON CIRCLE TAMPA FL 33626</b>
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2. Principal Place of Business - No P.O. Box # <b>4430 E. ADAMO, DR.</b>	3. Mailing Address <b>4430 E. ADAMO DR.</b>
Suite, Apt. #, etc. <b>301</b>	Suite, Apt. #, etc. <b>301</b>
City & State <b>Tampa, FL.</b>	City & State <b>Tampa, FL.</b>
Zip <b>33605</b>	Zip <b>33605</b>
Country <b>USA</b>	Country <b>USA</b>

**02/16/07 90026 013 \$150.00**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**HATCHER, DAVID B II  
14320 CARLSON CIRCLE  
TAMPA FL 33626**

4. FEI Number **57-1170954**  Applied For  Not Applicable

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

7. Name and Address of New Registered Agent

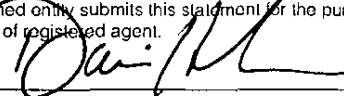
Name: **Hersh, David**

Street Address (P.O. Box Number is Not Acceptable): **4430 E. ADAMO DR.**

**Ste 301**

City: **Tampa** State: **FL** Zip Code: **33605**

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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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: <b>T</b>	NAME: <b>TEMPLE, ROBERT A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>14320 CARLSON CIR</b>	CITY - ST - ZIP: <b>TAMPA FL 33626</b>	
TITLE: <b>S</b>	NAME: <b>TEMPL, ROBERT A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>14320 CARLSON CIR</b>	CITY - ST - ZIP: <b>TAMPA FL 33626</b>	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY - ST - ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY - ST - ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY - ST - ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <b>Director</b>	NAME: <b>Todd Taylor</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>4430 E. ADAMO DR. Ste. 201</b>	CITY - ST - ZIP: <b>Tampa, FL 33605</b>	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY - ST - ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: \_\_\_\_\_ DAY/TIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR