

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90019 044 ***150.00

DOCUMENT # P22189
 1. Entity Name
 GEA INTEGRATED COOLING TECHNOLOGIES, INC.



Principal Place of Business
 143 UNION BOULEVARD
 STE 400
 LAKEWOOD, CO 80228 US

Mailing Address
 143 UNION BOULEVARD
 STE 400
 LAKEWOOD, CO 80228 US

50006507

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number
 51-0268494
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP Delete <input type="checkbox"/>	NAME HEBERT, RICHARD STREET ADDRESS 143 UNION BLVD #400 CITY-ST-ZIP LAKEWOOD, CO 80228	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE P Delete <input type="checkbox"/>	NAME MILLER, PETER STREET ADDRESS 143 UNION BLVD, SUITE 4000 CITY-ST-ZIP LAKEWOOD, CO 80228	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE ST Delete <input type="checkbox"/>	NAME WERGES, CYNTHIA J STREET ADDRESS 143 UNION BLVD #400 CITY-ST-ZIP LAKEWOOD, CO 80228	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE D Delete <input checked="" type="checkbox"/>	NAME SILBERMANN, GEORGE STREET ADDRESS DORSTENER STRASSE 484 CITY-ST-ZIP BOCHUM GERMANY, GR D-4488	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE D Delete <input type="checkbox"/>	NAME SCHILDMMANN, ROLF STREET ADDRESS DORSTENER STRASSE 484 CITY-ST-ZIP BOCHUM GERMANY, GR D-4488	TITLE Director Delete <input type="checkbox"/>	NAME Helmut Schmale STREET ADDRESS Dorstener Strasse 484 CITY-ST-ZIP Bochum, Germany D-44808 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cynthia J. Werges 1-21-05 (303) 987-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #