


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 535062</b>		
1. Entity Name <b>PHOTO ELECTRONICS CORPORATION</b>		
Principal Place of Business <b>501 S FLAGLER DRIVE SUITE 303 WEST PALM BEACH, FL 33401</b>		Mailing Address <b>501 S FLAGLER DRIVE SUITE 303 WEST PALM BEACH, FL 33401</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02142007 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-1740235</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>JONES FOSTER SERVICE LLC 505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	PTD	
NAME	MURRAY, DICKRON E	
STREET ADDRESS	501 S FLAGLER DRIVE SUITE 303	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	CD	
NAME	DREYFOOS, ALEX W JR	
STREET ADDRESS	501 S FLAGLER DRIVE SUITE 303	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DVS	
NAME	DREYFOOS, RENATE E	
STREET ADDRESS	501 S FLAGLER DRIVE SUITE 303	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> <b>2-19-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MURRAY</b>		