


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005260 1. Entity Name THINKRONIZE, INC.	
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Principal Place of Business 15 TRIANGLE PARK DRIVE CINCINNATI, OH 45246	Mailing Address 15 TRIANGLE PARK DRIVE CINCINNATI, OH 45246
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01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1675899	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ 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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDELSMAN, JOHN V 11340 CENTURY CIRCLE EAST CINCINNATI, OH 45246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRAW, JAMES J JR ONE E FOURTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANGINKEL, JUDITH B 3333 BURNET AVE. CINCINNATI, OH 45229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILHELM, RANDALL H 9721 CEDARKNOLL DRIVE MASON, OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WILLIG, CHRISTINE O 3801 COUNTRY CLUB PLACE CINCINNATI, OH 45208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO VALLO, JOSEPH M 1111 TUMBLEWEED DRIVE LOVELAND, OH 45140

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05/15/06-80056-003 158.75

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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: Joseph M Vallo Date: 4/28/06 Daytime Phone #: 513-731-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR