

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005260

FILED
Jan 03, 2007
Secretary of State

Entity Name: THINKRONIZE, INC.

Current Principal Place of Business:

15 TRIANGLE PARK DRIVE
CINCINNATI, OH 45246

New Principal Place of Business:

Current Mailing Address:

15 TRIANGLE PARK DRIVE
CINCINNATI, OH 45246

New Mailing Address:

FEI Number: 31-1675899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANDELSMAN, JOHN V
Address: 11340 CENTURY CIRCLE EAST
City-St-Zip: CINCINNATI, OH 45246

Title: D () Delete
Name: MCGRAW, JAMES J JR
Address: ONE E FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: VANGINKEL, JUDITH B
Address: 3333 BURNET AVE.
City-St-Zip: CINCINNATI, OH 45229

Title: CEO () Delete
Name: WILHELM, RANDALL H
Address: 9721 CEDARKNOLL DRIVE
City-St-Zip: MASON, OH 45040

Title: O () Delete
Name: WILLIG, CHRISTINE O
Address: 3801 COUNTRY CLUB PLACE
City-St-Zip: CINCINNATI, OH 45208

Title: COO () Delete
Name: VALLO, JOSEPH M
Address: 1111 TUMBLEWEED DRIVE
City-St-Zip: LOVELAND, OH 45140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. VALLO

COO

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date