


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000001145

1. Entity Name
REM-TRONICS, INC.



Principal Place of Business Mailing Address

**192 CENTRAL AVE.
 SILVER CREEK, NY 14136-1338** **192 CENTRAL AVE.
 SILVER CREEK, NY 14136-1338**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1227324 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KADIS, ABE
 1800 PRESIDENTIAL WAY
 WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTDC
NAME	KADIS, ABE
STREET ADDRESS	1800 PRESIDENTIAL WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	KADIS, MICHAEL
STREET ADDRESS	60 CREEKVIEW CIRCLE
CITY-ST-ZIP	MORELAND HILLS, OH 44022
TITLE	VD
NAME	KADIS, LAWRENCE
STREET ADDRESS	120 W. JUNIPER LANE
CITY-ST-ZIP	MORELAND HILLS, OH 44022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515405
 04/29/06-80205-014 150.00

DO NOT WRITE IN THIS SPACE

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: **X** *A. M. Kadis* **8 APRIL '06** **716-934-2697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #