

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48825

FILED
Apr 05, 2006
Secretary of State

Entity Name: COTRONICS, INCORPORATED

Current Principal Place of Business:

2250 SE FEDERAL HWY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

2250 SE FEDERAL HWY
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2519319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, LAWRENCE M.
2250 SE FEDERAL HWY
STUART, FL 34994 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: DS () Delete
Name: COHEN, CHARLOTTE,
Address: 105 BAYBERRY CIRCLE
City-St-Zip: JUPITER, FL

Title: P () Delete
Name: COHEN, LAWRENCE M.,
Address: 5595 SE LAMAY DR
City-St-Zip: STUART, FL

Title: VPT () Delete
Name: COHEN, SUSAN K.,
Address: 5595 SE LAMAY DR
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: COHEN, CHARLOTTE,
Address: 105 BAYBERRY CIRCLE
City-St-Zip: JUPITER, FL 33458 US

Title: P (X) Change () Addition
Name: COHEN, LAWRENCE M.,
Address: 5595 SE LAMAY DR
City-St-Zip: STUART, FL 34997 US

Title: VPT (X) Change () Addition
Name: COHEN, SUSAN K.,
Address: 5595 SE LAMAY DR
City-St-Zip: STUART, FL 34997 US

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: LAWRENCE M. COHEN

P

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date