2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State
07-28-2006 90033 016 ***150.00

DOCUMENT # J37750

1. Entity Name
SOMATRON CORPORATION

Principal Place of Business	Mailing Address
~~8503 N 29 ST~~	~~8503 N 29 ST~~
~~TAMPA, FL 33604~~	~~TAMPA, FL 33604~~

07242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9401 N. 14th street	9401 N. 14th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33604 Country: Hillsborough	Zip: 33604 Country: Hillsborough

4. FEI Number 59-2723918 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EAKIN, BYRON
~~8503 N 29 ST.~~
~~TAMPA, FL~~ 33604

7. Name and Address of New Registered Agent

Name 9401 N. 14th Street
Street Address (P.O. Box Number is Not Acceptable)
City Tampa FL Zip Code 33604

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 [signature] Byron Eakin 7/22/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☑ Delete	TITLE	DP	☑ Change ☐ Addition
NAME	EAKIN, BYRON		NAME	Eakin, Byron	
STREET ADDRESS	~~8503 N. 29 ST.~~		STREET ADDRESS	9401 N. 14th street	
CITY-ST-ZIP	~~TAMPA, FL 33604~~		CITY-ST-ZIP	Tampa FL 33604	
TITLE	VP	☑ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	ALBERT, DR. LINDA		NAME	Eakin, Byron	
STREET ADDRESS	~~8503 N. 29 ST.~~		STREET ADDRESS	9401 N. 14 Street	
CITY-ST-ZIP	~~TAMPA, FL 33604~~		CITY-ST-ZIP	Tampa Fl 33604	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Byron Eakin. President 7/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #