


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90025 034 ***150.00

DOCUMENT # P96000020156

1. Entity Name
UNITRON PRECISION MACHINING, INC.




Principal Place of Business Mailing Address
2482 CLARK ST **2482 CLARK ST**
APOPKA, FL 32703 **APOPKA, FL 32703**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02012006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3366577 Not Applicable

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

6. Name and Address of Current Registered Agent

GILLARD, DENNIS R
114 PENNSYLVANIA AVE
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. **\$5.00 May Be Added to Fees**

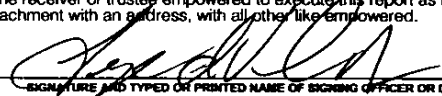
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEVLUPT, GEORGE	
STREET ADDRESS	1623 WALKERTON COURT	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVLUPT, DIANE	
STREET ADDRESS	1623 WALKERTON COURT	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEVLUPT, JASON	
STREET ADDRESS	585 LAKE DOE BLVD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	S	<input type="checkbox"/> Delete
NAME	IRBY, STEVE	
STREET ADDRESS	5720 VIKING RD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	338 Maple Dr.	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **2-1-06** **407-299-4180**

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