


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000020156 1. Entity Name UNITRON PRECISION MACHINING, INC.	
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Principal Place of Business 2482 CLARK ST APOPKA, FL 32703	Mailing Address 2482 CLARK ST APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3366577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILLARD, DENNIS R 114 PENNSYLVANIA AVE WINTER GARDEN, FL 34787

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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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DEVLUPT, GEORGE
STREET ADDRESS	1623 WALKERTON COURT
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VP
NAME	DEVLUPT, DIANE
STREET ADDRESS	1623 WALKERTON COURT
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	T
NAME	DEVLUPT, JASON
STREET ADDRESS	585 LAKE DOE BLVD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	S
NAME	IRBY, STEVE
STREET ADDRESS	338 MAPLE DR
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/08-80075-003 150.00

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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: George DeVlupt 2/1/08, 407-299-4180

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