2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P96000055688 1. Entity Name CTRONIC TECHNOLOGIES CORR

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90131 049 ***150.00

Puncipal Place of Business Col Historico Copposation 3000 14FT STREET HOLLWOOD, FL 33021 Puncipal Place of Business Subject Appl. #, edc. Puncipal Place of Business	HEICO ELECTRONIC TECHNOLOGIES CORP.									
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Cay & State Country Cay & State Country Cay & State Cay & S	2. Principal Place of Business		3. Mailing Address							
Country Coun	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03302006	Chg-P	CR2E034 (11/05)		
S. Certificate of Status Desired Fac Required	City & State		City & State						`	
Name	Zip	Country	Zip	Country	5. Certificate	of Status Desired				
MENDELSON, VICTOR H ESQ. 3000 TAFT STREET HOLLWOOD, FL 33021 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent				7. Name and	Address of New R	Registered Agen	t		
Sireel Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Name	Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signatu	3000 TAFT	STREET		Street Add	iress (P.O. Box Numb	er is Not Acceptable	e)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Speciment products of registered agent and little decletable. NOTE they seved Agent agent and little agent agent and little decletable. NOTE they seved Agent agent and little agent age	'''0221100	55,12 55521								
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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 attackment with all andress, with all other like empowered. Nomas S Irww

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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