2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 172517

Address: City-St-Zip:

UMATILLA, FL 32784

Entity Name: THE ELECTRON-MACHINE CORPORATION

Current Principal Place of Business: New Principal Place of Business: 15824 CR 450 WEST US UMATILLA, FL 32784 **Current Mailing Address: New Mailing Address:** PO BOX 2349 UMATILLA, FL 32784 US FEI Number: 59-0697858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOSSBERG, CARL A III 40351 BABB RD. UMATILLA, FL 32784 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KEMP, SAM K Name: Name: 2401 COUNTRY CLUB ROAD Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: Title: Title: () Delete () Change () Addition VOSSBERG, CARL A III Name: Name: 40351 BABB RD. Address: Address: UMATILLA, FL 32784 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition VOSSBERG, CARL A IV Name: Name: 40351 BABB RD. Address: Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, MICHAEL E Name: Name: Address: 448 LAURA LANE Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: Title: () Delete () Change () Addition VOSSBERG, CHRISTINE Name: Name: 40351 BABB RD. Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MICHAEL E. JOHNSON TREA 02/19/2009

FILED Feb 19, 2009

Secretary of State