## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # 364366 LECTRONICS INC					05-08-2006 9	0292 004	***150	.00
Principal Plac	ce of Business	Mailing Address			<b>  4008</b>	7640			
2700 PARTII	N SETTLEMENT RD FL 34744-2425	2700 PARTIN SETTLE KISSIMMEE, FL 3474						<b>8: 6</b> )  <b>8:8</b>  4 <b>8:</b> 4	(
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Number 59-1292	432	· ·	<u> </u>	oplied For ot Applicable
Zip Country		Zip	Country			f Status Desired	L	8.75 Add ee Require	
	6. Name and Address of Curren	t Registered Agent		Nome	7. Name and A	ddress of New R	egistered A	gent	
MINKS, FL	OVDM			Name					
2700 PAR	TIN SETTLEMENT RD. EE, FL 34744			Street Address	(P.O. Box Number	is Not Acceptable	)		
	3			City			FL	Zip Cod	Je
	e named entity submits this statement to	or the purpose of changing it	ts registere	l ed office or registe	ered agent, or both	, in the State of Flo		l miliar with,	and accept
SIGNATURE	ž.								
	Signature, typed or printed name of registered agen	t and title if applicable (NC)	III. Dametare	d Agent signature require					
		trandition applicable (14c)	re, negisteret	o wite at aith store redoin	ed when reinstating)	<u> </u>	DATE		
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	E NOW!!! FEE IS \$150.00	9. Election Camp Trust Fund Cor	aign Finan	icing\$5	5.00 May Be ded to Fees	HANGES TO OFFI		DIRECTOR	S IN 11
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2. I hereby certify that the information supplied with this filing does not quality 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 outh; that I am an officer or director of the corporation or the receiver or posted 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 the risks empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

128/06

Daylime Phone #