2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2004 08:00 AM Secretary of State **DOCUMENT # 480253** 1. Entity Name ADROIT ELECTRONICS, INC. Mailing Address Principal Place of Business 683 PEREGRINE DR. 683 PEREGRINE DRIVE INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 US 01082004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1659209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BROWN, MARY G. 683 PEREGRINE DRIVE INDIALANTIC, FL 32903 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BROWN, HAROLD K. NAME STREET ADDRESS 683 PEREGRINE DRIVE UUUUUUU12194 CITY-ST-7IP INDIALANTIC, FL 23/04-80068-024 8.75 TITLE NAME BROWN, MARY G. 683 PEREGRINE DRIVE STREET ADDRESS U00000012194 INDIALANTIC, FL CITY-ST-ZIP D1./23/04-80068-025 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(1), 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: .

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED