


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 535062
 1. Entity Name
 PHOTO ELECTRONICS CORPORATION



Principal Place of Business: 501 S FLAGLER DRIVE, SUITE 303, WEST PALM BEACH, FL 33401
 Mailing Address: 501 S FLAGLER DRIVE, SUITE 303, WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-1740235 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JONES FOSTER SERVICE LLC
 505 S FLAGLER DRIVE
 SUITE 1100
 WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000843218
 03/11/08-80061-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MURRAY, DICKRON E
STREET ADDRESS	501 S FLAGLER DRIVE SUITE 303
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	CD
NAME	DREYFOOS, ALEX W JR
STREET ADDRESS	501 S FLAGLER DRIVE SUITE 303
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVS
NAME	DREYFOOS, RENATE E
STREET ADDRESS	501 S FLAGLER DRIVE SUITE 303
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE:  Dickron E. Murray 2/25/08 961-650-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #