2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 All Secretary of State DOCUMENT # 851637 EMCEE ELECTRONICS, INC. Principal Place of Business Mailing Address 520 CYPRESS AVE. 520 CYPRESS AVE. VENICE, FL 34285 VENICE, FL 34285 02202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0084017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORZILIUS, MAX W 520 CYPRESS AVENUE. IN THIS SPACE VENICE, FL 34292 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000650**Y**\$2 03/07/07-80080-016 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CORZILIUS, MAX W STREET ADDRESS **520 CYPRESS AVENUE.** VENICE, FL 34285 CITY-ST-ZIP AST TITLE NEU, DONNA NAME STREET ADDRESS 520 CYPRESS AVENUE. CITY-ST-ZIP VENICE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR