
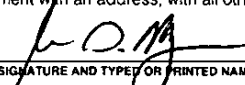


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90169 020 \*\*\*150.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # F00000002913</b><br>1. Entity Name<br><b>ELECTRONIC TECHNOLOGIES CORPORATION USA</b>  |   |  |  |             |  |
| Principal Place of Business<br><b>P.O. BOX 1049<br/>DOVER PLAINS, NY 12522</b>  |   |  | Mailing Address<br><b>P.O. BOX 1049<br/>DOVER PLAINS, NY 12522</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |  |
| City & State<br><br>Zip      Country  |   | City & State<br><br>Zip      Country   |  | 4. FEI Number<br><b>14-1747729</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | 02152005    Chg-P    CR2E034 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>C/O CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>MUNCEY, JAMES<br/>P.O. BOX 1049<br/>DOVER PLAINS, NY 12522</b> | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>WILLIAM D. MAGEE<br/>P.O. BOX 1049, 43 MILL ST.<br/>DOVER PLAINS, N.Y. 12522.</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |  |  |  |  |
| <b>SIGNATURE:</b>  <b>WILLIAM D. MAGEE CFO</b> 2/22/05    845-877-3400<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |   |  |  |  |  |