


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000005949**  
 1. Entry Name  
 SCOTT ELECTROKRAFTS, INC.



Principal Place of Business 84 ROUTE 6 P.O. BOX 358 ANDOVER, CT 06232	Mailing Address 84 ROUTE 6 P.O. BOX 358 ANDOVER, CT 06232
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-0883835	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BERGERON, ERNEST  
 15835 CORPORATE ROAD NORTH  
 JUPITER, FL 33478

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

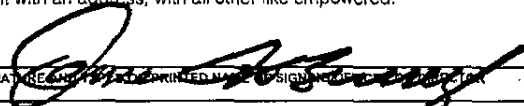
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BUSSEY, JAMES W 84 ROUTE 6 ANDOVER, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUSSEY, CAROL A 84 ROUTE 6 ANDOVER, CT
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 01/11/06-80051-021 158.75

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:  1/6/06 860-647-1453  
 SIGNATURE REQUIRED TO BE PRINTED NAME OF SIGNER \_\_\_\_\_ Date Daytime Phone #