2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000519

Entity Name: TRITRONICS INTERNATIONAL OF FLORIDA INCORPORATED

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1952 NW 93RD AVENUE MIAMI, FL 33172				
Current Mailing Address:			New Mailing Address:	
1306 CONTINENTAL DRIVE ABINGDON, MD 21009				
FEI Number: 52-1036590 FEI Number Applied For () FEI Num			nber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
WILLIAMS, VIRGINIA L 3081 NE 40TH CT FT LAUDERDALE, FL 33308 US 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.				
SIGNATURE:				
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO				
Title: Name: Address: City-St-Zip:	PD () I WILLIAMS, VIRG 1306 CONTINEN ABINGDON, MD	ITAL DRIVE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition WAGNER, KIMBERLY L 1603 ROLLING ROAD BELAIR, MD 21014
Title: Name: Address: City-St-Zip:	VTSD () I WAGNER, KIMB 1603 ROLLING I BEL AIR, MD 21	ROAD	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition SCARFF, JAMES W JR 7 ZELDA COURT WHITE HALL, MD 21161
Title: Name: Address: City-St-Zip:	VD () I WILLIAMS, RAN 1835 MIDSUMMI JARRETTSVILLE	ER LANE	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition WILLIAMS, RANDY M 1835 MIDSUMMER LANE JARRETTSVILLE, MD 21084
Title: Name: Address: City-St-Zip:	D () I WILLIAMS, ROG 1306 CONTINEN ABINGDON, MD	EER P SR ITAL DRIVE	Title: Name: Address: City-St-Zip:	VCFO (X) Change () Addition DONAHUE, JOHN E 420 LEXINGTON AVE, SUITE 2739 NEW YORK, NY 10170
Title: Name: Address: City-St-Zip:	VD () SCARFF, JAMES 7 ZELDA CT. WHITE HALL, MI		Title: Name: Address: City-St-Zip:	D (X) Change () Addition DANSON, WAYNE I 420 LEXINGTON AVE, SUITE 2739 NEW YORK, NY 10170
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition NOLAN, WILLIAM J 420 LEXINGTON AVE, SUITE 2739 NEW YORK, NY 10170

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY L WAGNER PRES 04/20/2009