


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # G08493
 1. Entity Name
 DATATRON TECHNICAL SERVICES, INC.



Principal Place of Business Mailing Address
 641 MONROE RD PO BOX 4068
 LAKE MONROE, FL 32747 US ENTERPRISE, FL 32725-0068 US

DO NOT WRITE IN THIS SPACE



D1152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2490553 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SAXON, R. HEARD
 165 STILLBROOK TRAIL
 ENTERPRISE, FL 32725

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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, 2005 Fee will be \$550.00

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

U00000269339
 03/19/05-80007-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	SAXON, R. HEARD
STREET ADDRESS	165 STILLBROOK TRAIL
CITY-ST-ZIP	ENTERPRISE, FL
TITLE	V
NAME	SAXON, R H
STREET ADDRESS	165 STILLBROOK TRAIL
CITY-ST-ZIP	ENTERPRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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.

SIGNATURE: *R. Heard Saxon* R. Heard Saxon 3/17/05 407-834-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #