


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K97040</b>	
1. Entity Name K-TRONICS, INC.	

Principal Place of Business % JEFFREY T. KRUSCHE 10870 SW 27 COURT DAVIE, FL 33328	Mailing Address % JEFFREY T. KRUSCHE 10870 SW 27 COURT DAVIE, FL 33328
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05222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0127653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  KRUSCHE, JEFFREY T. 10870 SW 27 COURT DAVIE, FL 33328
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT KRUSCHE, JEFFREY T. 10870 SW 27 COURT DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRUSCHE, MARIE 10870 S.W. 27 COURT DAVIE, FL
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06/01/07-80013-002 150.00

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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: Jeffrey T. Krusche 5/21/07 954-474-3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #