2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13140

SARASOTA, FL 34234

City-St-Zip:

FILED Jan 09, 2009 Secretary of State

Entity Nai	me: PROTEK	ELECTRONICS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EPENDENCE E FA, FL 34234	BLVD.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1781 INDEPENDENCE BLVD. SARASOTA, FL 34234			2802 LESLIE ROAD TAMPA, FL 33619		
FEI Number:	: 65-0142786	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
			SANTORO, DOUGLAS 1781 INDEPENDENCE SARASOTA, FL 34234	E BLVD	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DOUGLAS SANTORO				01/09/2009	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (SANTORO, DO 1781 INDEPEN SARASOTA, FI	IDENCE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BLATT, LELAN 1781 INDEPEN SARASOTA, FL	IDENCE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BLATT, JOHN / 1781 INDEPEN SARASOTA, FL	IDENCE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (LUBIENSKI, MA 1781 INDEPEN		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DOUGLAS SANTORO **PRES** 01/09/2009