2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011928

City-St-Zip:

DELRAY BEACH, FL 33446

Entity Name: AQUATRON CORPORATION

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1540 NW 3RD ST **BAY 102** DEERFIELD BEACH, FL 33442 **New Mailing Address: Current Mailing Address:** 7294 SARIMENTO PLACE DELRAY BEACH, FL 33446 FEI Number: 65-0985815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GENTILE, CYNTHIA 7294 SARIMENTO PL DELRAY BEACH, FL 33446 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 DIRECTORS: Title: () Delete Title: (X) Change () Addition BACH, MARJORIE Name: Name: BACH, MARJORIE 32855 JACKSON RD 270 BLOSSOM LN. Address: Address: City-St-Zip: CHAGRIN FALLS, OH 44022 City-St-Zip: ORANGE VILLAGE, OH 44022 Title: Title: () Delete () Change () Addition Name: GENTILE, CYNTHIA Name: 7294 SARIMENTO PL Address: Address: DELRAY BEACH, FL 33446 City-St-Zip: City-St-Zip: Title: Title: VS () Delete () Change () Addition HARLAN, DEBRA Name: Name: 185 HONEYBELLE OVAL Address: Address: City-St-Zip: ORANGE, OH 44022 City-St-Zip: Title: () Delete Title: () Change () Addition GENTILE, THOMAS Name: Name: Address: 7294 SARIMENTO PL Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS GENTILE T 01/07/2004