

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| <b>DOCUMENT # P00000034469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                          |  |
| 1. Entity Name<br><b>AONICS ELECTRONICS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                                           |  |
| Principal Place of Business<br><b>18424 LIVINGSTON AVE.<br/>SUITE #3<br/>LUTZ, FL 33359</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                                                                                                                                                                                 | Mailing Address<br><b>18424 LIVINGSTON AVE.<br/>SUITE #3<br/>LUTZ, FL 33359</b>                                                                                                                                                   |                                                                                                                                                           |  |
| 2. Principal Place of Business<br><b>18424 Livingston Ave</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      | 3. Mailing Address<br><b>18424 Livingston Ave</b>                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                           |  |
| Suite, Apt. #, etc.<br><b>Suite #1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      | Suite, Apt. #, etc.<br><b>Suite #1</b>                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                           |  |
| City & State<br><b>Lutz FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | City & State<br><b>Lutz FL</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                                                                           |  |
| Zip<br><b>33549</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                | Zip<br><b>33549</b>                                                                                                                                                                                             | Country<br><b>USA</b>                                                                                                                                                                                                             | 4. FEI Number<br><b>59-3640694</b>                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>WHITEHURST, GERALD E II<br/>18424 LIVINGSTON AVENUE, SUITE 3<br/>LUTZ, FL 33559</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                                                                                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name <b>Whitehurst Gerald II</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18424 Livingston Ave</b><br><b>Ste 1</b><br>City <b>Lutz</b> FL Zip Code <b>33549</b> |                                                                                                                                                           |  |
| 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.<br>SIGNATURE <b>X [Signature] - Gerald Whitehurst 7/1/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE                                                                                                                                                                                     |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                                                                                                                                                   |                                                                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                             |                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>WHITEHURST, NICHOLE<br>2320 GNARLED OAK AVE<br>LUTZ, FL 33549 <input type="checkbox"/> Delete   |                                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | T<br>Whitehurst Nichole<br>26141 Sword Dancer Dr<br>Wesley Chapel FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>WHITEHURST, GERALD II<br>2320 GNARLED OAK AVE<br>LUTZ, FL 33549 <input type="checkbox"/> Delete |                                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | P<br>Whitehurst Gerald II<br>26141 Sword Dancer Dr<br>Wesley Chapel FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                      |                                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                      |                                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                      |                                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| 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: <b>X [Signature] - Gerald Whitehurst 7/1/05</b> 813-477-2749<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                                           |  |

7/1/05