


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000121374 1. Entity Name TRI-TRONICS COMPANY, INC.	
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Principal Place of Business 7705 CHERI CT. TAMPA, FL 33634-2419	Mailing Address P.O. BOX 25135 TAMPA, FL 33622-5135
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01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2478786	Applied For <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 HACQUEBORD, DAVID G 7705 CHERI CT. TAMPA, FL 33634-2419

DO NOT WRITE 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 re-filing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000604034
01/23/07-80038-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRENFELL, PRISCILLA J 158 SAPODILLA DR. ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HACQUEBORD, DAVID G 4802 WYNWOOD DR. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGELIN, DONALD L 3041 EAGLES LANDING CIRCLE WEST CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTON, STEPHEN 3121 LAKESTONE DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, DAVID M 575 CORUNDUM HILL RD FRANKLIN, NC 28734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Linda B. Bonard VP, Fin. Svcs. & HR 1-19-07 813-490-5806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LINDA B. BONARD