

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 019 ***150.00

DOCUMENT # P02000031882					
1. Entity Name NEUTRON ELECTRIC, INC.					
Principal Place of Business 708 HILLCREST BLVD. WEST PALM BEACH, FL 33405			Mailing Address 708 HILLCREST BLVD. WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box # 708 Hillcrest Blvd		3. Mailing Address 708 Hillcrest Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008 Chg-P CR2E034 (12/06)	
City & State West Palm Bch, FL		City & State West Palm Bch FL		4. FEI Number 68-0492574	
Zip 33405		Country Palm Beach		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TEJEDA, ANTONIO D 708 HILLCREST BLVD. WEST PALM BEACH, FL 33405			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: <u>Antonio D. Tejeda</u> DATE: <u>5-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TEJEDA, ANTONIO D 708 HILLCREST BLVD. WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Antonio D. Tejeda</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5-7-08</u> <small>Date Daytime Phone #</small>		