## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 22, 2005 8:00 am Secretary of State

DOCUMENT # P02000134697  1. Enlity Name TROY TRONICS, INC.					07-22-2005 90018 038 ***150.00				
Principal Place	e of Business	Mailing Address							
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Mirawi, TE 33	1103	- wuxuvu, т.с. ээтгээ					000001	. <b>J</b>	
Principal Place of Business     3. Mailing Address									
			STZF		0)       <b>     </b>				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		071820	05 Chg-F	CR2	E034 (10/03)		
City & State, City & State, HIAM, FW			_	4. FEI Number Applied For 47-1148243 Not Applicable					
3319	3 Country A	33193 K	AZ	, 5. Certif	cate of Status D	esired 📋	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SDENICED TROY				Name					
SPENCER, TROY				Street Address (P.O. Box Number is Not Acceptable)					
TWIN-INIT, TL -00100			1570	12 S.Va	27.75	TERLA	ر <u>3</u>		
			City	Mani				, a <del>2</del>	
8. The above named entity submits the 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 Signature, typed or primb of lame of registered agent and title if applicable. (NOTE: Registrated Agent signature required when reinstating)  OATE									
	Signature, typed or printing frame of registered agent a	па вве іг аррисарів. (НІСЯ С. Нед	gistered Agent signatu	re required when reinstati	19)	- UA	· · · · · · · · · · · · · · · · · · ·		
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	<ol> <li>Election Campaign F Trust Fund Contribut</li> </ol>		\$5.00 May E Added to Fees		dance with s. 6 ion did not rec	607.193(2)(b), eive the prior r	F.S., the notice.	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITI	ONS/CHANGES	TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE	PVST SPENCER, TROY	☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS	OUTS OWN LOOPS, UNIT TO		STREET ADDRESS	15793	S.W.	757h 7	TERRAC 193	٤_ ا	
CITY-ST-ZIP			CITY-ST-ZIP	MAM	FL	1331	(93		
TITLE	D	Delete	TITLE		,		☐ Change	Addition	
NAME Street address	NAM SIRE								
			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
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TITLE		☐ Delete	TITLE				Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				["] Chara	T takkin	
TITLE NAME		☐ Defete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME CAREET ADDRESS			NAME CIDECT ADDRESS						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
IB	L certify that the information supplied with	this filing does not qualify for the		ted in Section 119.	07(3)(i), Florida	Statutes, I further	r certify that the i	information	
indicated of the co	certify that the information supplied with d on this report or supplemental report is reportation or the receiver or trustee emp f, or on an attachment with an address.	s true and accurate and that my sovered to execute this report as with all other like empowered.	signature shall he required by Cha	lave the same lega apter 607, Florida 9	l effect as if mad ltatutes; and tha	le under oath; th I my name appe	at 1 am an office ars in Block 10 c	r of director or Block 11 if	