2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P03000024251 1. Entity Name KETRON, INC. Principal Place of Business Mailing Address 2646 SW MAPP RD STE 304 PALM CITY FL 34990 2646 SW MAPP RD STE 304 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 68-0547346 Not Applica Zip Country Country 210 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANSEN, LLOYD G Street Address (P.O. Box Number is Not Acceptable) 2646 SW MAPP RD STE 304 PALM CITY FL 34990 City 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. Lam familiar with, and accthe obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent aignature respired when renatating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Foo Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE C) Change T ê∷ NAME HANSEN, LLOYD G NAME STREET ADDRESS 2646 SW MAPP RD STE 304 STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE VSD ☐ Delete TITLE ☐ Change ☐ Ai\*\* U00000488471 NAME ETHRIDGE, JIM D NAME 04/17/06-80009-004 150.00 STREET ADDRESS 2646 SW MAPP RD STE 304 STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 City-ST-ZIP TITLE Delete DILL ☐ Change hiii" NAME MARKE STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete RITEE ☐ Change □ fide NAME NAME STREET ADDRESS STREET ADDRESS CITY - SE- ZIP CITY-ST-ZIP 717) F □ Delete MLE ☐ Change $\square M$ NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction the corporation or the receiver or true ee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an addition, with all other like empowered.

FILED

06