

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056852

FILED
Mar 21, 2007
Secretary of State

Entity Name: VERTRONIX, INC.

Current Principal Place of Business:

849 NW STATE ROAD 45
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

849 NW STATE ROAD 45
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 65-1198615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, SIDNEY
849 NW STATE ROAD 45
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

SANDERS, S S
849 NW STATE ROAD 45
NEWBERRY, FL 32669 US

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.

SIGNATURE: S. S. SANDERS

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, DAVID L
Address: 17708 127TH DR N
City-St-Zip: JUPITER, FL 33478

Title: VST () Delete
Name: SANDERS, SIDNEY
Address: 849 NW STATE ROAD 45
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: BROWN, DAVID L
Address: 17708 127TH DR N
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: SANDERS, SIDNEY
Address: 849 NW STATE ROAD 45
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S S SANDERS

VP

03/21/2007

Electronic Signature of Signing Officer or Director

Date