2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)					
DOCUMENT # P03000060141  1. Entity Name					
NIKTRON	ICS, INC.				04 OCT -4 PM 4:01
Principal Place of Business Mailing Address					Oh UCI = * * * * * * * * * * * * * * * * * *
149 BAYBERRY RD. WANDING RIVER NY 11792		149 BAYBERRY RD. WANDING RIVER NY 117	149 BAYBERRY RD. WANDING RIVER NY 11792		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
316 112 ST EAST			316 112 ST. EAST Suite, Apt. #, etc.		1 (00)  150   1 (64)  2 ()    (14)   (14)   (14)   (14)   (14)   (14)   (14)   (14)   (15)
Suité, Apt. #, etc.		Suite, Apr. #, etc.	Suite, Apr. #, etc.		MOORE CR2E034 (4/04)
	NTON FLORIDA	BRADENTON F	LORIDA		4. FEI Number   Applied For   Not Applicable
zip 242	Country	34212	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name		7. Name and Address of New Registered Agent
MAROTTA, NICHOLAS J 316 112 ST. EAST BRADENTON FL 34212			Street Address (P.O. Box Number is Not Acceptable)		
ייום	DENTON 1 E 34212				•
			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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DESCRIPTION OF THE PROPERTY					
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.					
10.	OFFICERS AF	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PD MAROTTA, ANNA F	Delete	TITLE NAME	PD	RIELLE ROSENBERG Change Addition
STREET ADDRESS	149 BAYBERRY RD.		STREET ADDRESS	316	112 ST EAST -
CITY-ST-ZIP	WANDING RIVER NY 11792	<b>D</b>	CITY-ST-ZIP	BR	ADENTON FLORIDA 34212
TITLE NAME	,	☐ Delete	NAME	Y D	HOLAS J. MAROTTA
STREET ADDRESS			STREET ADDRESS	- હા(	o 112 St. EAST
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP	- BR	LADENTON FLORIDA 34212
NAME		The Delete	NAME		400041570424
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	~	10/04/0401035018 **150.00
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street Address		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	•	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby	certify that the information supplied i	with this filing does not qualify for the	ne exemption stat	ed in Se	ection 119.07(3)(i), 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. Martalle

NTED NAME OF SIGNING OFFICER OR DIRECTOR