2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2005
Secretary of State

DOCUMENT# P04000075638

Entity Name: NET - TRONIX INC

Current Principal Place of Business:

6190 WOODLANDS BLVD.
SUITE # 204
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

6190 WOODLANDS BLVD.
SUITE # 204
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 20-1114442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DON MARSHALL P.A.
440 S FEDERAL HIGHWAY
SUITE # 203
FORT LAUDERDALE, FL 33413 US

Name and Address of New Registered Agent:

DAVID RASKIN
440 S FEDERAL HIGHWAY
SUITE # 204
DEERFIELD BEACH, FL 33441 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: DAVID RASKIN 03/20/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: THOMPSON, ROBERT C
Address: 6190 WOODLANDS BLVD. SUITE # 204
City-St-Zip: TAMARAC, FL 33319

Title: V ( ) Delete
Name: MITCHELL, AMBROSE L
Address: 2504 OAK GARDEN LN.
City-St-Zip: HOLLYWOOD, FL 33020

Title: S (X) Delete
Name: JOSEPH, HUBBERT
Address: 2150 MADISON ST. APT. # 3
City-St-Zip: HOLLYWOOD, FL 33020

Title: T ( ) Delete
Name: RASKIN, DAVID
Address: 2201 NE 41 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: MITCHELL, AMBROSE L
Address: 6294 N.W. 26TH STREET
City-St-Zip: SUNRISE, FL 33313

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

Title: T (X) Change ( ) Addition
Name: RASKIN, DAVID
Address: 440 SOUTH FEDERAL HIGHWAY
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 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 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: ROBERT C. THOMPSON P 03/20/2005
Electronic Signature of Signing Officer or Director Date