2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State
07-11-2005 90123 033 ***158.75

DOCUMENT # P04000080208

1. Entity Name
ZECHTRON INC

Principal Place of Business	Mailing Address
4964 ARNICA CT. SAN JOSE, CA 95111	4964 ARNICA CT. SAN JOSE, CA 95111

07052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. PO Box 31537		Suite, Apt. #, etc. PO Box 31537	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33420-1537	Country USA	Zip 33420-1537	Country USA

4. FEI Number 20113 9743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRI, KING
7000 W. PALMETTO PARK RD
BOCA RATON, FL 33443

7. Name and Address of New Registered Agent

Name: TODD BREEN
Street Address (P.O. Box Number is Not Acceptable): 2 LILLIAN AVE
City: PALM BEACH GARDENS FL Zip Code 33418

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: Todd Breen — DATE 7/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES LOUIS, ZECHTZER 4964 ARNICA CT SAN JOSE, CA 95111 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES LOUIS ZECHTZER PO Box 31537 PALM BEACH GARDENS, FL 33420 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: LOUIS ZECHTZER 7/6/2005 650-292-119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #