
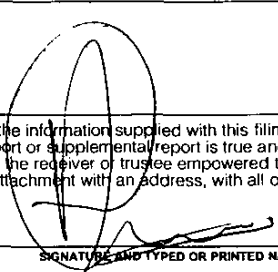


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90061 017 ***158.75

DOCUMENT # P04000083838					
1. Entity Name BEATRONIX INC.					
Principal Place of Business 4631 N.W. 31ST AVENUE STE 254 FT. LAUDERDALE, FL 33309			Mailing Address 4631 N.W. 31ST AVENUE STE 254 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 934 NW SPRUCE RIDGE DR.		3. Mailing Address SAME.			
Suite, Apt. #, etc. APT A8		Suite, Apt. #, etc.			
City & State STUART FLORIDA		City & State			
Zip 34994	Country USA	Zip	Country	4. FEI Number 71-0972015	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLEY, ROBERT P 1220 NORTH E STREET LAKE WORTH, FL 33480			7. Name and Address of New Registered Agent Name: ROBERT P. GALLEY Street Address (P.O. Box Number is Not Acceptable) 934 NW SPRUCE RIDGE DR. APT. A8. City: STUART. FL Zip Code: 34994		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GALLEY, BRIAN 4631 N.W. 31ST AVENUE SUITE 254 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST. GALLEY BRIAN 934 NW SPRUCE RIDGE DR APT. A8. STUART FL 34994.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  BRIAN GALLEY APRIL 30TH 2007 772-932-4034					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					