

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002649

Entity Name: DIA-TRITION, INC.

FILED  
Jan 18, 2008  
Secretary of State

## Current Principal Place of Business:

1601 NE 25TH AVE  
SUITE 106  
OCALA, FL 34470 US

## Current Mailing Address:

1601 NE 25TH AVE  
SUITE 106  
OCALA, FL 34470 US

## New Principal Place of Business:

2102 SW 20TH PLACE  
BLDG 200, SUITE 202  
OCALA, FL 34471 US

## New Mailing Address:

PO BOX 6620  
OCALA, FL 34478 US

FEI Number: 20-2128164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEMELKA, JOY E  
1601 NE 25TH AVE.  
SUITE 106  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

SEMELKA, JOY E  
2102 SW 20TH PLACE  
BLDG 200, SUITE 202  
OCALA, FL 34471 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:

01/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SEMELKA, JOY E  
Address: 906 HICKORY RD  
City-St-Zip: Ocala, FL 34472

Title: VP ( ) Delete  
Name: CANGANELLI, JENNIFER  
Address: 1804 NE 34TH LANE  
City-St-Zip: Ocala, FL 34479

Title: S ( ) Delete  
Name: CANGANELLI, JENNIFER  
Address: 1804 NE 34TH LANE  
City-St-Zip: Ocala, FL 34479

Title: T ( ) Delete  
Name: SEMELKA, JOY E  
Address: 906 HICKORY RD  
City-St-Zip: Ocala, FL 34472

## 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 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: JOY E SEMELKA

P

01/18/2008

Electronic Signature of Signing Officer or Director

Date