


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90001 023 \*\*\*150.00

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| <b>DOCUMENT # P05000091901</b>                 |  |
| 1. Entity Name<br><b>THINKTRON CORPORATION</b> |   |

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| Principal Place of Business<br><b>195-D NORTH FEDERAL HIGHWAY<br/>FT LAUDERDALE, FL 33301 US</b> | Mailing Address<br><b>195-D NORTH FEDERAL HIGHWAY<br/>FT LAUDERDALE, FL 33301 US</b> |
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| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>P.O. Box 560903</b><br><br>Suite, Apt. #, etc. |
| City & State<br><br>Zip                                   | City & State<br><b>Miami, Florida</b><br>Zip<br><b>33256-0903</b>       |
| Country   | Country   |

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| 6. Name and Address of Current Registered Agent<br><br><b>STRUM, BENJAMIN A<br/>5413 RIVERMILL LANE<br/>LAKE WORTH, FL 33463</b> |  |
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| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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.<br><br>SIGNATURE <u><i>Ben Strum</i></u> DATE <u>8/9/2006</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b> <input type="checkbox"/> Delete<br><b>STRUM, BENJAMIN A<br/>5413 RIVERMILL LANE<br/>FT LAUDERDALE, FL 33463</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: <u><i>Ben Strum</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | Date <u>8/9/2006</u><br><small>Daytime Phone #</small> |