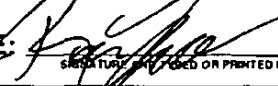


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-02-2007 90041 001 ***300.00

DOCUMENT # P06000036111			
1. Entity Name MAGNATRON, INC.			
Principal Place of Business 4157 SEABOARD RD ORLANDO FL 32808		Mailing Address 4157 SEABOARD RD ORLANDO FL 32808	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIDICO, MELODY A 6113 LITTLE LAKE SAWYER DR WINDERMERE FL 34786		7. Name and Address of New Registered Agent Name: Ron S. Tridico Street Address (P.O. Box Number is Not Acceptable): 4157 Seaboard Rd. City: Orlando FL Zip Code: 32808	
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 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	President Ron Tridico 4157 Seaboard Rd Orlando FL 32808	TITLE NAME STREET ADDRESS CITY ST ZIP	President Ron S. Tridico 4157 Seaboard Rd Orlando FL 32808 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V.P. Melody Tridico 4157 Seaboard Rd. Orlando FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V.P. Melody Tridico 4157 Seaboard Rd Orlando, FL 32808 ☐ 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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: 2/23/07 407-578-3426	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	