

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 038 ***150.00

DOCUMENT # P07000096191					
1. Entity Name MOOG TECHTRON CORP					
Principal Place of Business 140 RAIL HEAD BLVD. NAPLES, FL 34110			Mailing Address 140 RAIL HEAD BLVD. NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0814551	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HRAWG CORP. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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					
TITLE	President / Director	<input type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	Larry Ball		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1213 N. Main St		STREET ADDRESS		
CITY - ST - ZIP	Blacksburg, VA 24060		CITY - ST - ZIP		
TITLE	Vice President/CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Jeffrey E. Flippin		NAME		
STREET ADDRESS	1213 N. Main St		STREET ADDRESS		
CITY - ST - ZIP	Blacksburg, VA 24060		CITY - ST - ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Robert G. Sterret		NAME		
STREET ADDRESS	1213 N. Main St		STREET ADDRESS		
CITY - ST - ZIP	Blacksburg, VA 24060		CITY - ST - ZIP		
TITLE	Secretary / Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Timothy P. Balkin		NAME		
STREET ADDRESS	Senneca & Jamison Rd		STREET ADDRESS		
CITY - ST - ZIP	East Aurora, NY 14052		CITY - ST - ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	John B. Drenning		NAME		
STREET ADDRESS	Senneca & Jamison Rd		STREET ADDRESS		
CITY - ST - ZIP	East Aurora, NY 14052		CITY - ST - ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	John Scannell		NAME		
STREET ADDRESS	Senneca & Jamison Rd		STREET ADDRESS		
CITY - ST - ZIP	East Aurora, NY 14052		CITY - ST - ZIP		
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:			4.15.08 570-552-301		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/Mo/Yr		